

Name  
in  
Full

Baldwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

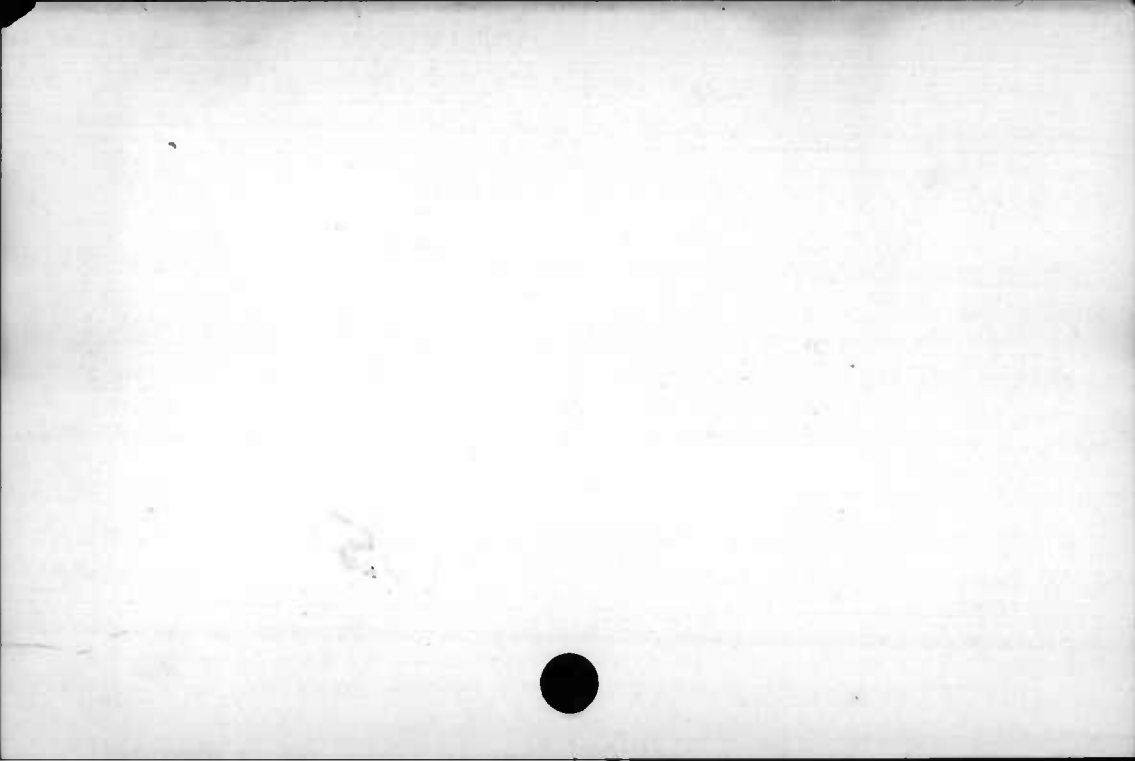
Died at Laurel Town Pr Geo County MARYLAND  
 Date of death 1905 Mar Month 20 Day Age — Years 9 Months 16 Days  
 Sex Male Color or Race white Birth-place md  
 Occupation Infant Where Residing if not at place of death Laurel  
 Married, Single or Widowed — Name of Wife or Husband —

Father's Name Nat Baldwin Father's Birthplace md  
 Mother's Maiden Name Mary Merson Mother's Birthplace md  
 Name of person giving information Julia Merson How related to deceased Grandmother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Gastro Enteritis How long 3 days  
105 Immediate Meningitis How long One week  
 Are the name, age, sex, color, date and place correctly given above? Geo. Signature of Physician J R Smith  
 Address Laurel  
md  
 Accident or Suicide?



Name  
in  
Full

Lydia Benson

## CERTIFICATE OF DEATH

Town

Muncks

County

P. Georgis

MARYLAND

Died at

Date

of death 1905

Month

Mar

Day

30

Age

Years

38

Months

Days

Sex

Female

Color or  
Race

black

Birth-  
place

Md

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Prince Benson

Father's  
Name

Calvin Bray

Father's  
Birthplace

N. Carolina

Mother's  
Maiden Name

Bell Wells

Mother's  
Birthplace

Md

Name of person giving  
Information

Prince Benson

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Tuberculosis

How long

1 year

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

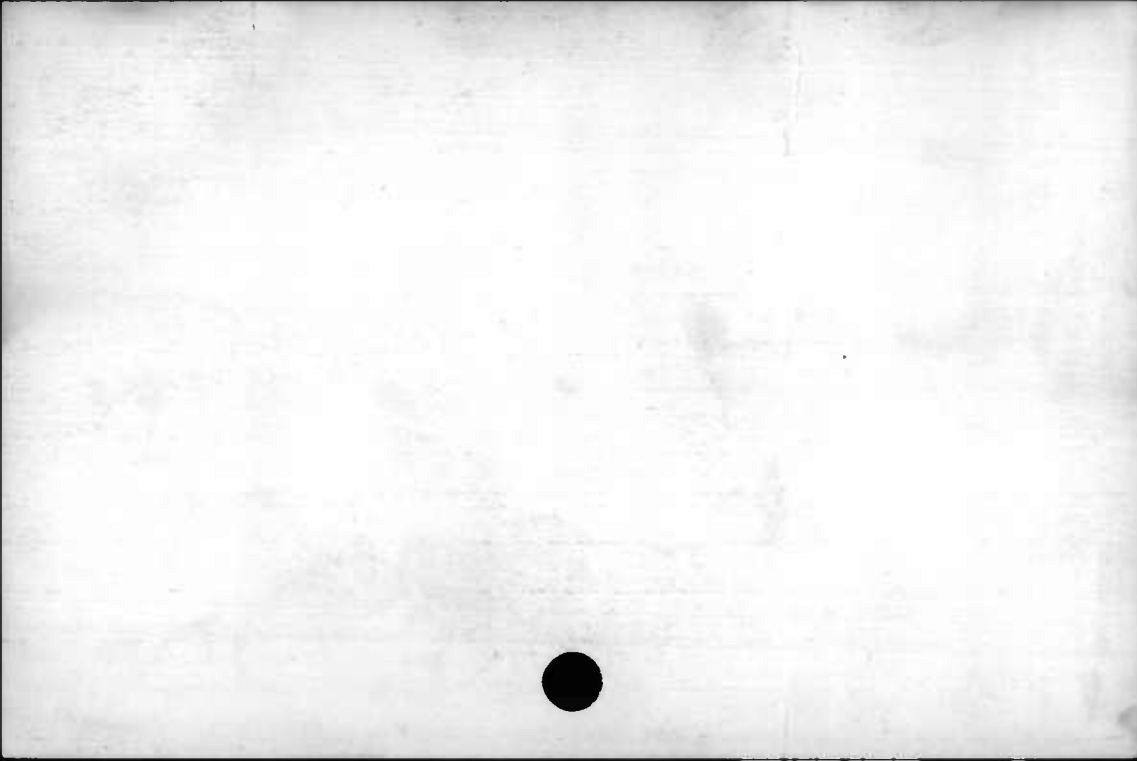
D. F. Taylor

Address

Laurel Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

William Russell Boze

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Died near Piscataway Prince George  
Date of death 1905 Month 3 Day 17 Age 3 Years Months Days  
Sex Male Color or Race Colored Birth-place Md.  
Occupation Where Residing if not at place of death

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Patrick Henry Boze

Father's  
Birthplace

Chas Co. Md.

Mother's  
Maiden Name

Alice Thomas

Mother's  
Birthplace

Prince Georges

Name of person giving  
Information

Patrick Henry Boze

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Tuberculosis

How long

2 yrs.

Immediate

Pneumonia

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

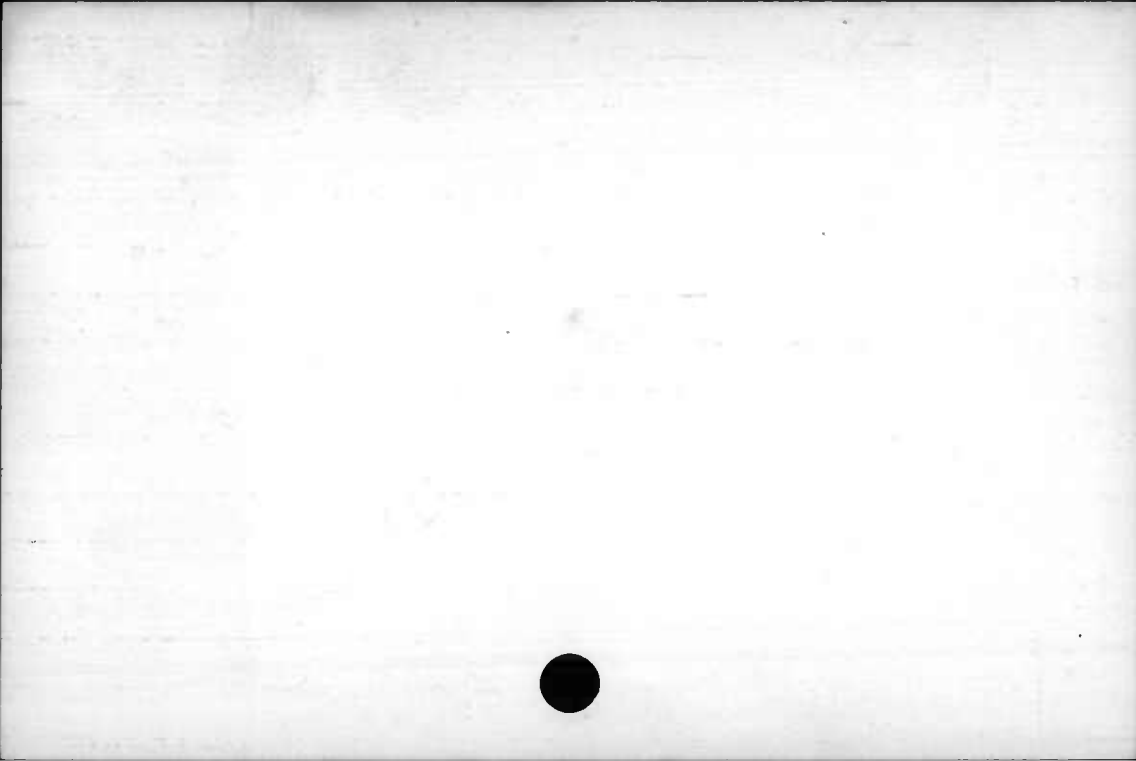
E. S. Hunt

Address

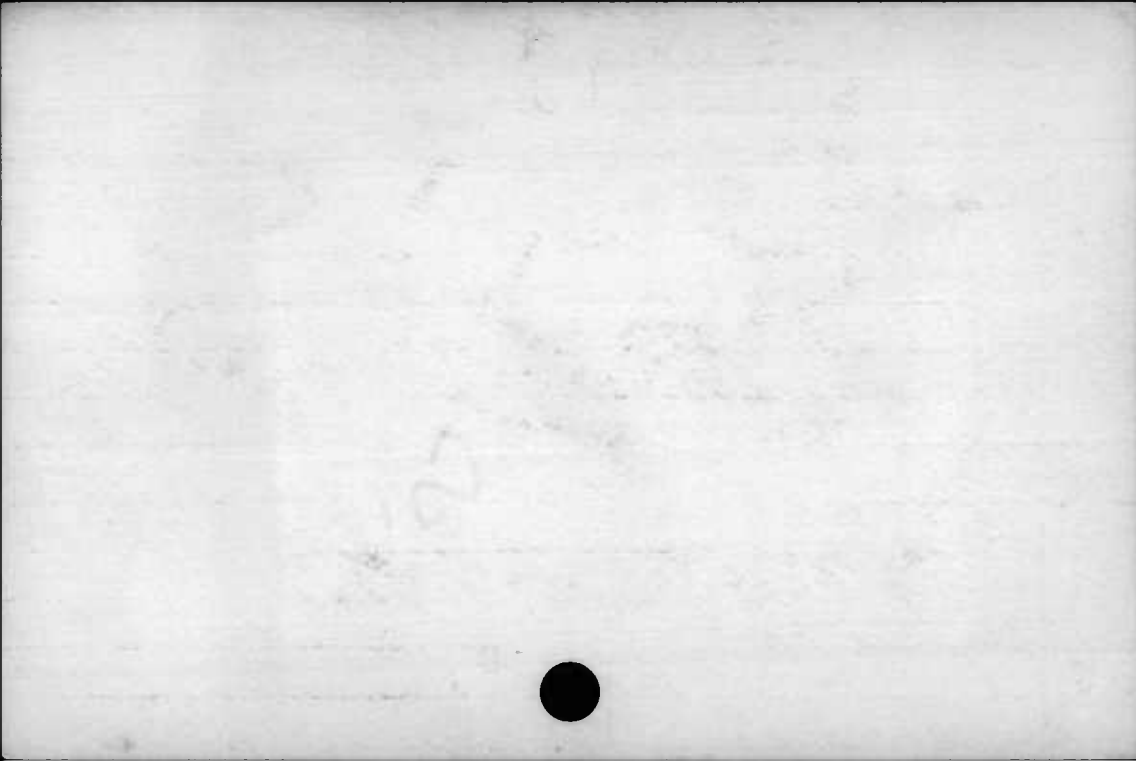
Piscataway  
Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full		Still born child				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death 1905		Month	Day	Age	Years		Months
	Sex		Color or Race		Birth-place			
	Married, Single or Widowed		Occupation					
	Name of Wife or Husband							
	Father's Name				Father's Birthplace			
	Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary				How long			
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
					Address			
	Accident or Suicide?							



Name  
in  
Full

Isaac Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Beltsville Town B. L. CountyDate of death 1905 Month March Day 7 Age 49 Years Months DaysSex male Color or Race Colored Birth-place mdOccupation none Where Residing if not at place of deathMarried, Single or Widowed married Name of Wife or Husband Eliza PinkneyFather's Name Harry Brown Father's Birthplace mdMother's Maiden Name Patsy Brown Mother's Birthplace mdName of person giving information Harry Brown How related to deceased —

## CAUSES OF DEATH

Primary Anasarca How longImmediate Valvular heart disease How long

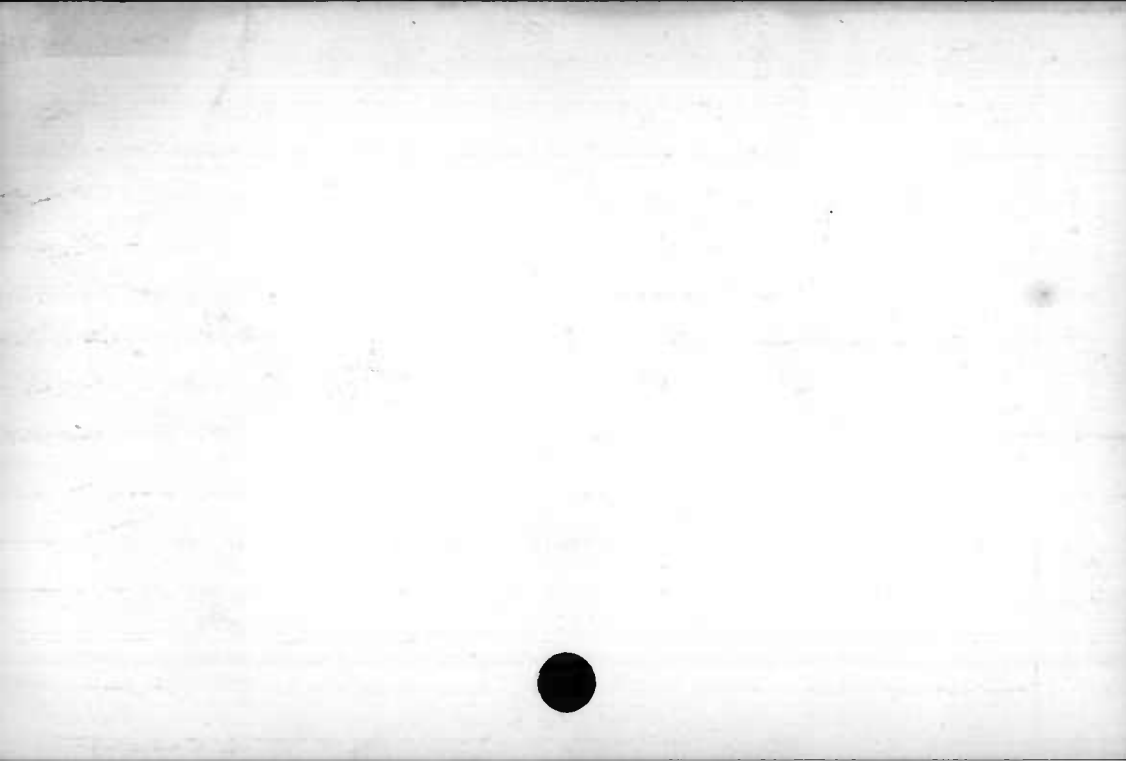
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Mary E Brown

County

Died at

Hyattsville

Prince George

MARYLAND

Date

of death

1905 March 1

Age 80

Years

1

Months

13

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Bladensburg

Occupation

No Particular

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Aden L Brown

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Rachel Talbert

Mother's  
Birthplace

Maryland

Name of person giving  
Information

R. F. Anderson

How related  
to deceased

Brother-in-law

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary

Genl. Debility fr. old age

How long

—

Immediate

How long

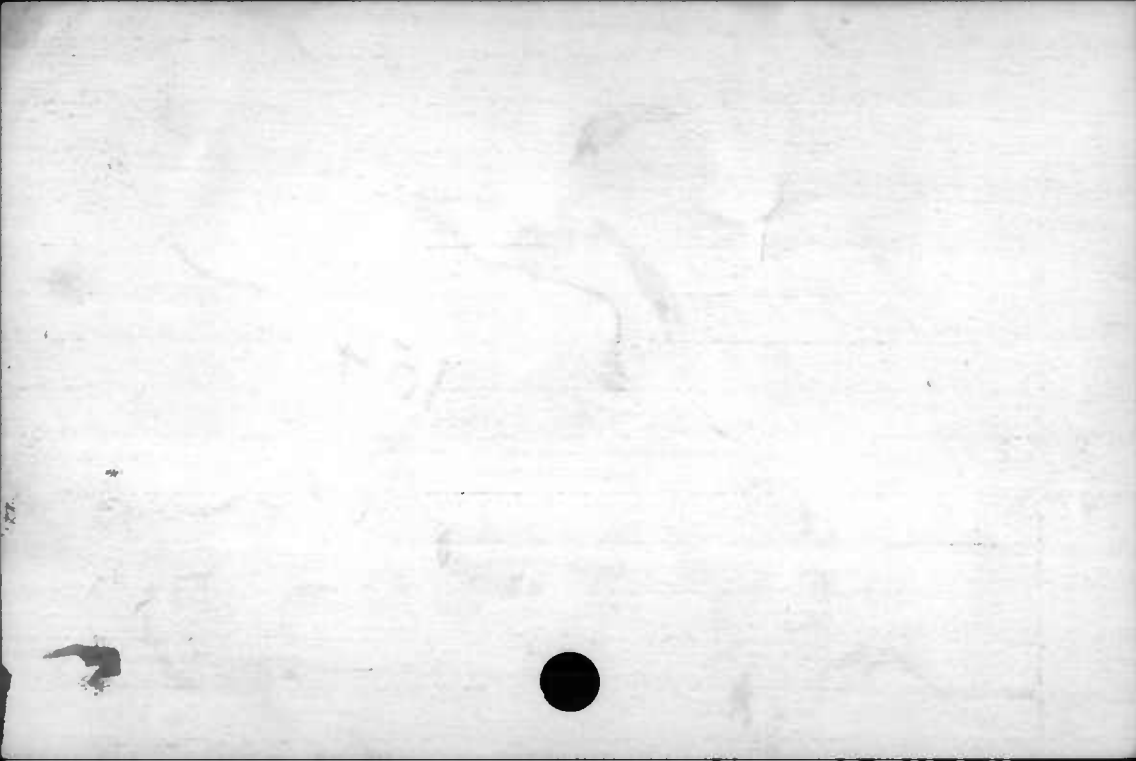
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

G. Richardson  
Hyattsville  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Butler</i>		Town <i>near Piscataway</i>		County <i>Prince George</i>	
Died <i>1905</i>		Month <i>3</i>	Day <i>23</i>	Years <i>21</i>	Months <i>-</i>
Date of death		Age <i>21</i>		Days <i>-</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
Occupation <i>Labourer</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Thomas Henry Butler</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Catharine Proge</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Thomas Henry Butler</i>			How related deceased <i>Father</i>		

## CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 yr</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

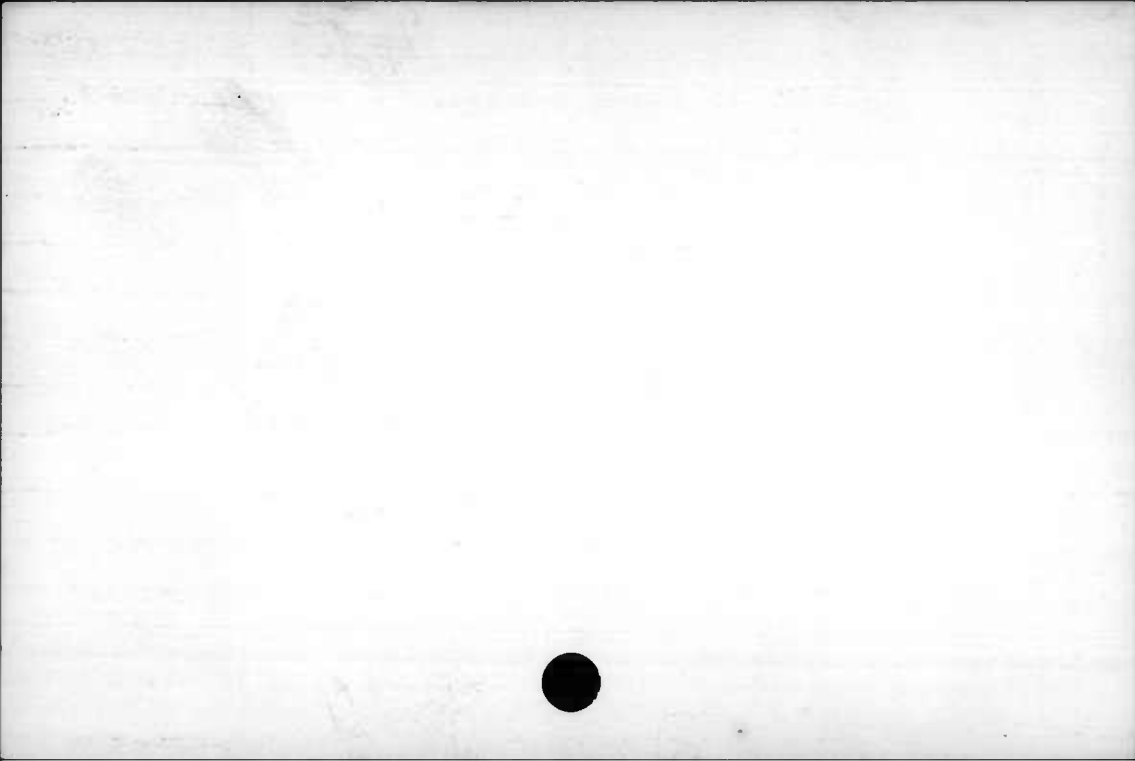
*Yes*

Signature of Physician

Address

*E. D. Smith*  
*Piscataway*  
*Md.*

Accident or Suicide?



Name in Full <b>Joseph Calvert</b>		Town <b>Marlboro</b>		County <b>P. Geo</b>		CERTIFICATE OF DEATH	
Died at		MAYLAND					
Date of death		Month	Day	Age	Years	Months	Days
1905		3	23			6	
Sex		Color or Race		Birth-place			
male		Colored		Marlboro			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Joseph Calvert		Md					
Mother's Maiden Name		Mother's Birthplace					
Margaret Wilson		Md					
Name of person giving Information		How related to deceased					
Joseph Calvert		Father					
CAUSES OF DEATH							
Primary		Pneumonia		(93)		How long	
Immediate		Convulsions				5 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Address	
				Reverdy Darssee		Luffer Marlboro Md	
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

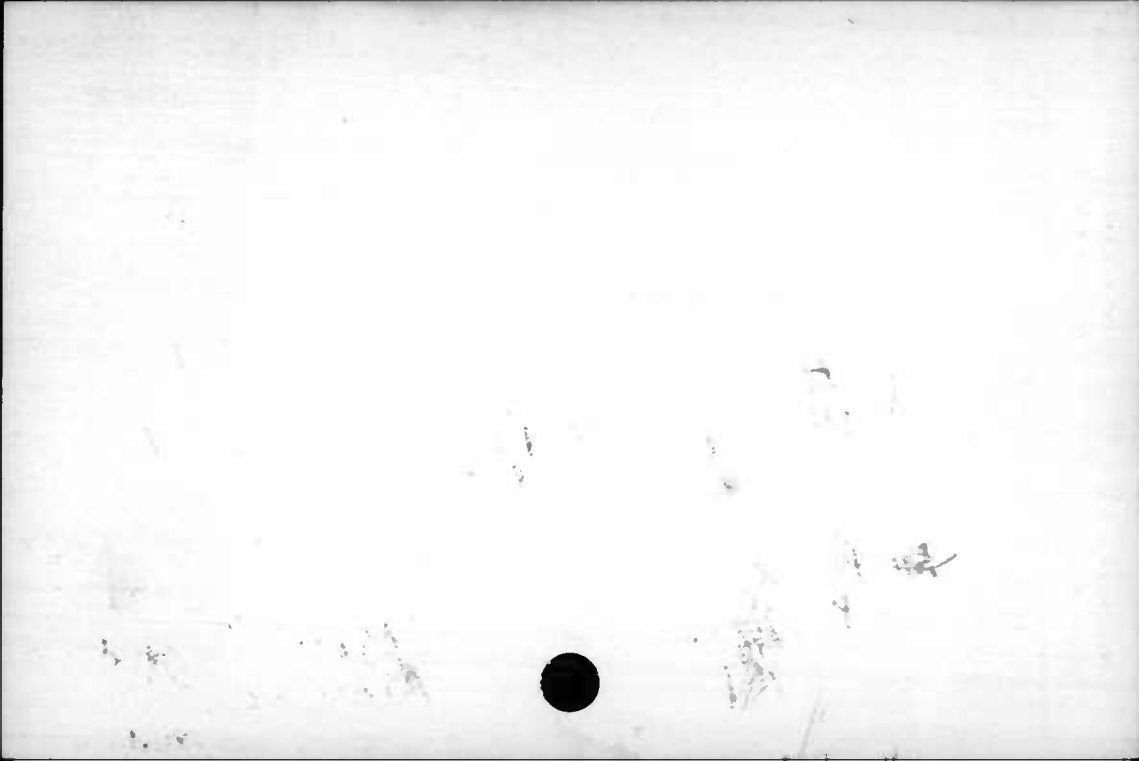
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John James Chase</i>		Town <i>Bowie</i>		County <i>Prince Georges</i>		MARYLAND	
Died at							
Date of death		Month	Day	Age	Years	Months	Days
<i>1905</i>		<i>Mar.</i>	<i>13</i>	<i>4</i>	<i>4</i>		
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Edward Chase</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary E. Prout</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Edward Chase</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>		How long <i>One week</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Neleg A Ryan M.D.</i>	
		Address <i>Bowie</i>	
Accident or Suicide? <i>no</i>		<i>Ind</i>	



Name  
in  
Full

Lewis Thomas Chase

## CERTIFICATE OF DEATH

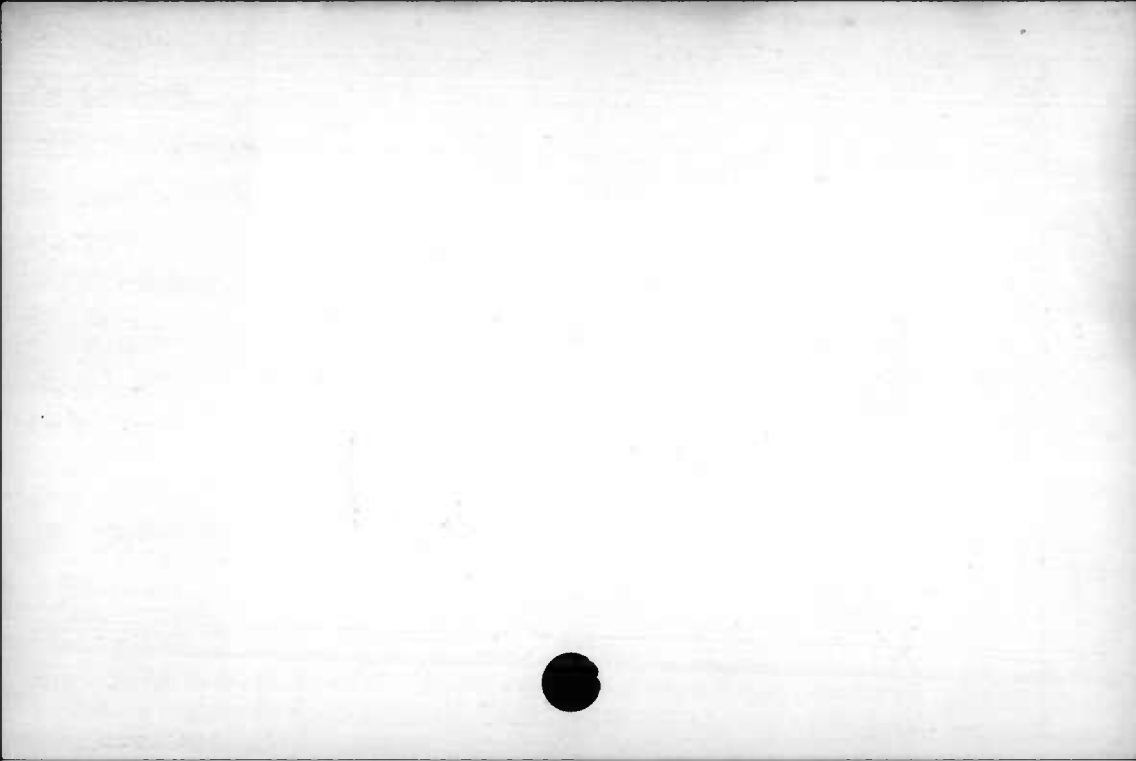
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bowie		County Prince Georges		MARYLAND	
Date of death	1905	Month Mar	Day 9	Age 1	Years 9	Months 9	Days —
Sex	Male		Color or Race	Coloured		Birth- place	Maryland
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	Edward Chase					Father's Birthplace	Maryland
Mother's Maiden Name	Mary E. Prout					Mother's Birthplace	Maryland
Name of person giving Information	Edward Chase					How related to deceased	Father

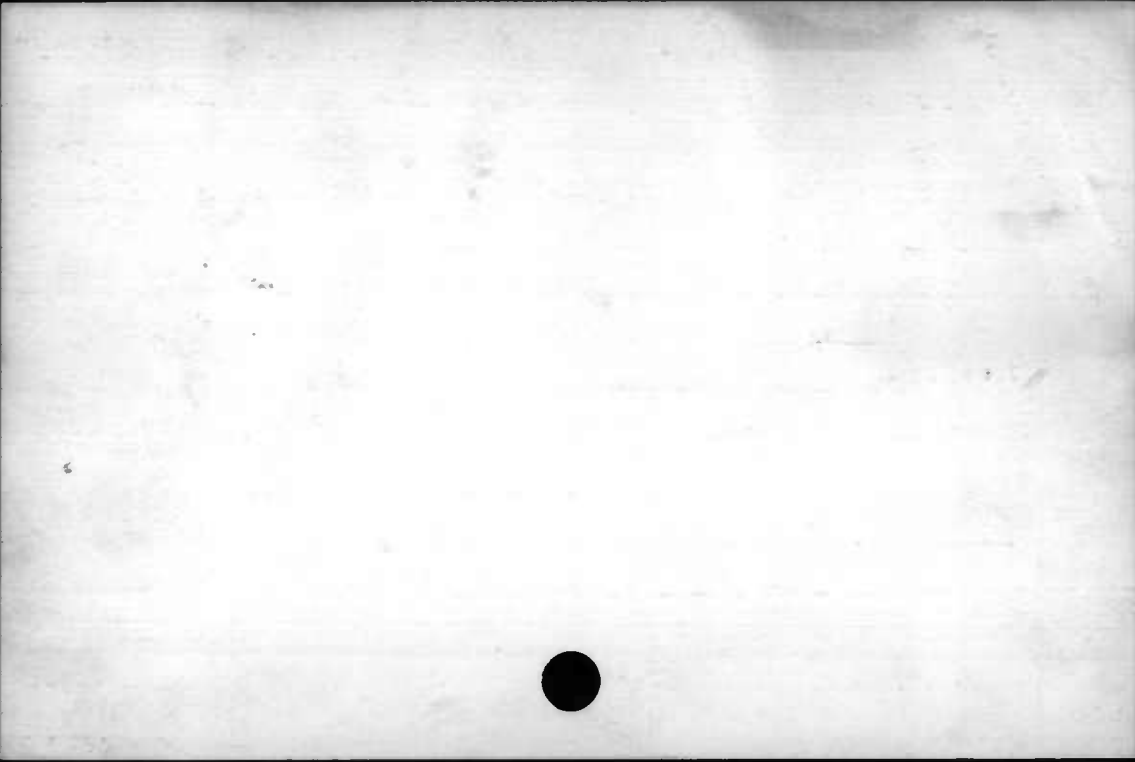
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	4 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Nelson A. Ryan md
		Address	Bowie md
Accident or Suicide?	No		







Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Johanna Corbey* Town *Muirkirk* County *Prince George*

Died at *Muirkirk*

Date of death *1905* Month *March* Day *16* Age *63* Years Months *5* Days *2*

Sex *Female* Color or Race *white* Birth-place *Ireland*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *Patrick Corbey*

Father's Name *Richard Murphy* Father's Birthplace *Ireland*

Mother's Maiden Name *Johanna Brian* Mother's Birthplace *Ireland*

Name of person giving information *Patrick Corbey* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* *93* How long *8 days*

Immediate *Mitral Insufficiency* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. D. Etienne*

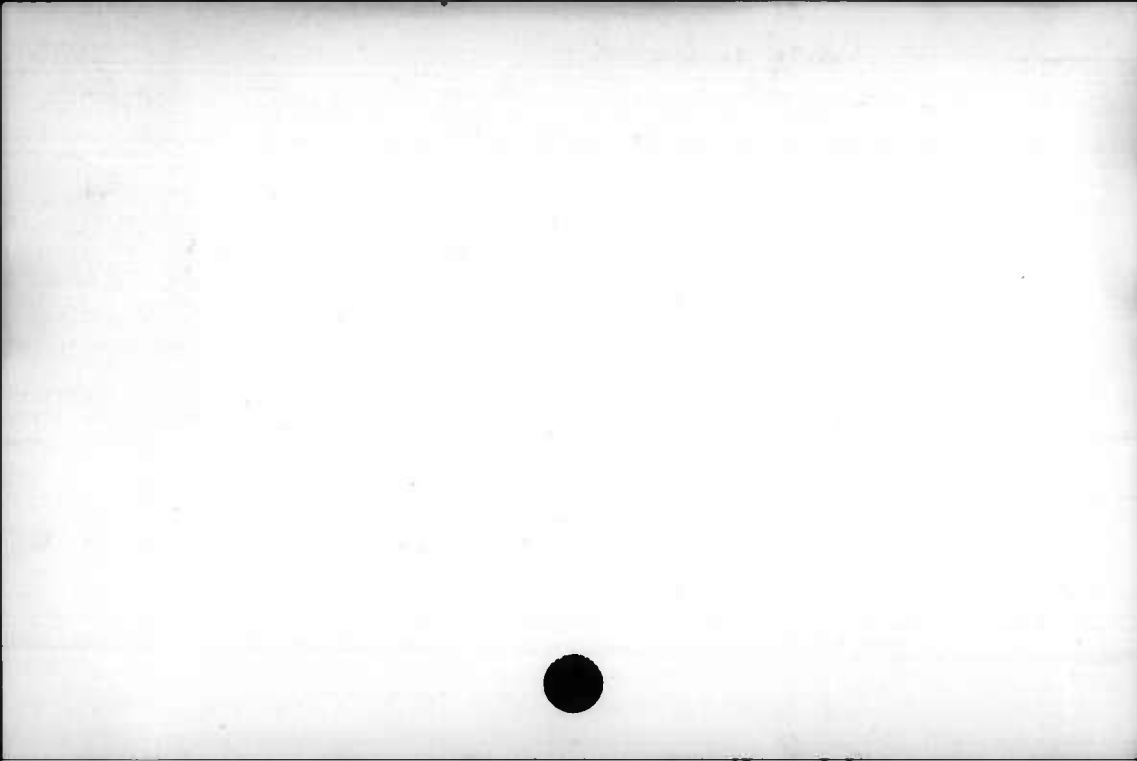
Address *Berwyn. Md.*

Accident or Suicide?

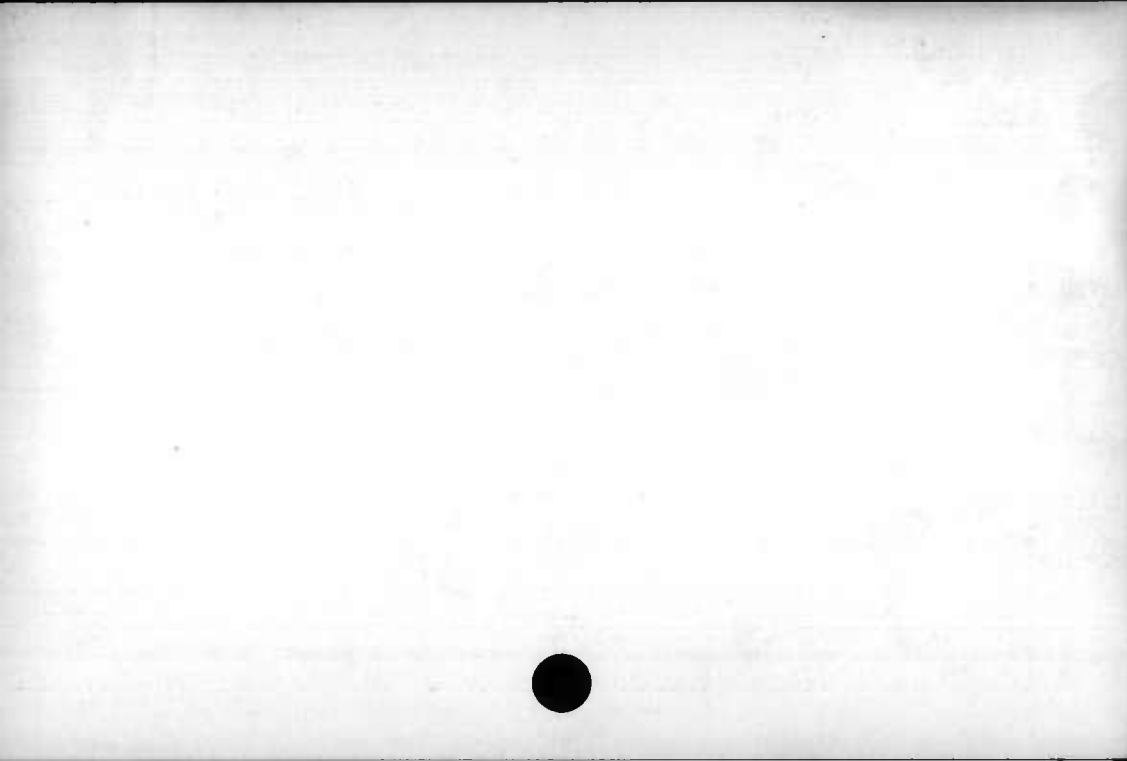
Foster - Phelan

same name





Name in Full		Charles Davis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rosecroft		R. Geo.		MARYLAND	
	Date of death	1905	Month 3	Day 3	Age 38	Months	Days
	Sex	Male		Color or Race	Colored	Birth-place	Mo.
	Married, Single or Widowed	Married		Occupation	Laborer		
	Name of Wife or Husband	Estelle Bolden Davis					
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information	Geo. Davis				How related to deceased	Son
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Asthma				How long	1 yr
	Immediate	Decomposition of lungs				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	E. P. Simpson M.D.	
					Address	Rosecroft Mo	
	Accident or Suicide?						



Ethel Davis

Town

County

Pr: Geo: Co-

MARYLAND

Died at

Orme

Date 1905

Month

3

Day

14

Y.

M.

D.

Age

18

Native of

Md

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

~~Husband~~

of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Rhoda Dent

## CERTIFICATE OF DEATH

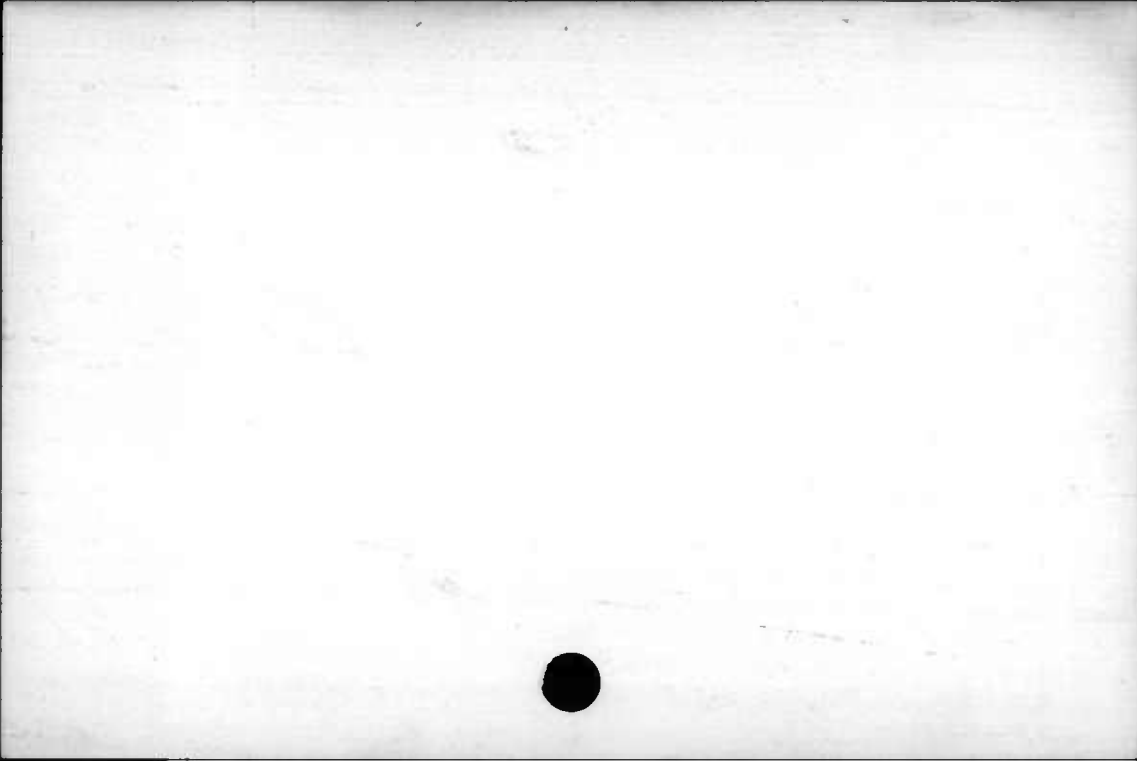
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brandywine		County Br. Geo.		MARYLAND	
Date of death		190	5	Month 3	Day 24	Age 75	Years Months Days
Sex male		Color or Race Caucasian		Birth- place Md			
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed		widower		Name of Wife or Husband			
Father's Name Thos. Dent				Father's Birthplace Md			
Mother's Maiden Name Ellen Brooks				Mother's Birthplace Md			
Name of person giving In formation Ida Pinkney				How related to deceased daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer of Stomach	How long	Several months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John A. Coz M.D.	
Address		213. Md	
Accident or Suicide?			



Name  
in  
Full

Jane Douglass

## CERTIFICATE OF DEATH

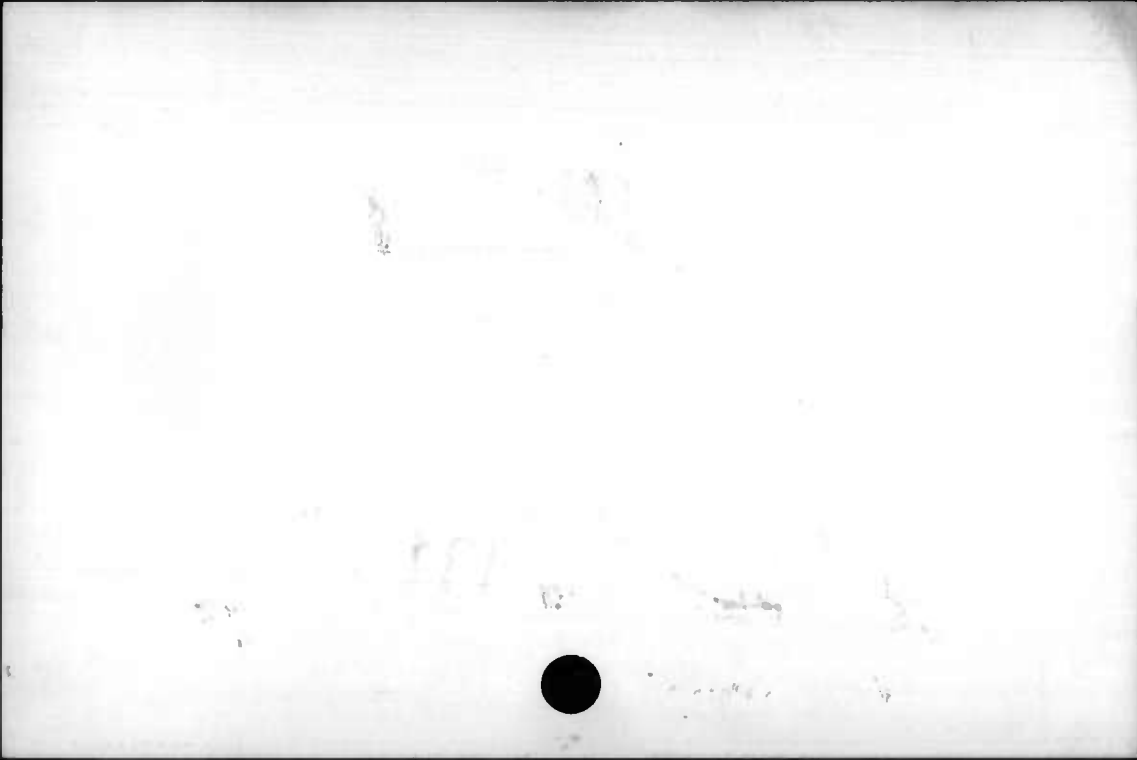
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Aquasco</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>8</i>	Age <i>54</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Mulatto</i>		Birth-place <i>Maryland</i>		
Occupation <i>Midwife</i>		Where Residing if not at place of death <i>At home</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Jacob Douglass</i>			
Father's Name <i>I do not know</i>		Father's Birthplace			
Mother's Maiden Name <i>I do not know</i>		Mother's Birthplace			
Name of person giving Information <i>Jacob Douglass</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Consumption</i>	How long <i>a no of years</i>
Immediate <i>Pneumonia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Anna Marbury M.D.</i>
	Address <i>Aquasco, Maryland</i>
Accident or Suicide? <i>No</i>	



Name in Full		Rebecca Fleet				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Nottingham		County P. G. Co.		
		Date of death		Month 1905	Day 11	Years 11	Months —	Days —
		Sex		Female		Color or Race		Colored
		Occupation		none		Birth-place		P. G. County
		Married, Single or Widowed		Name of Wife or Husband		Where Residing if not at place of death		
		Father's Name		Louis Fleet		Father's Birthplace		P. G. Co.
		Mother's Maiden Name		Lizzie Ford		Mother's Birthplace		P. G. Co.
Name of person giving information				How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		unknown		How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
		Accident or Suicide?		179 ✓		Jos W Rauhings acting Coroner		

P/1



Name  
in  
Full

Matilda F. Fletcher

## CERTIFICATE OF DEATH

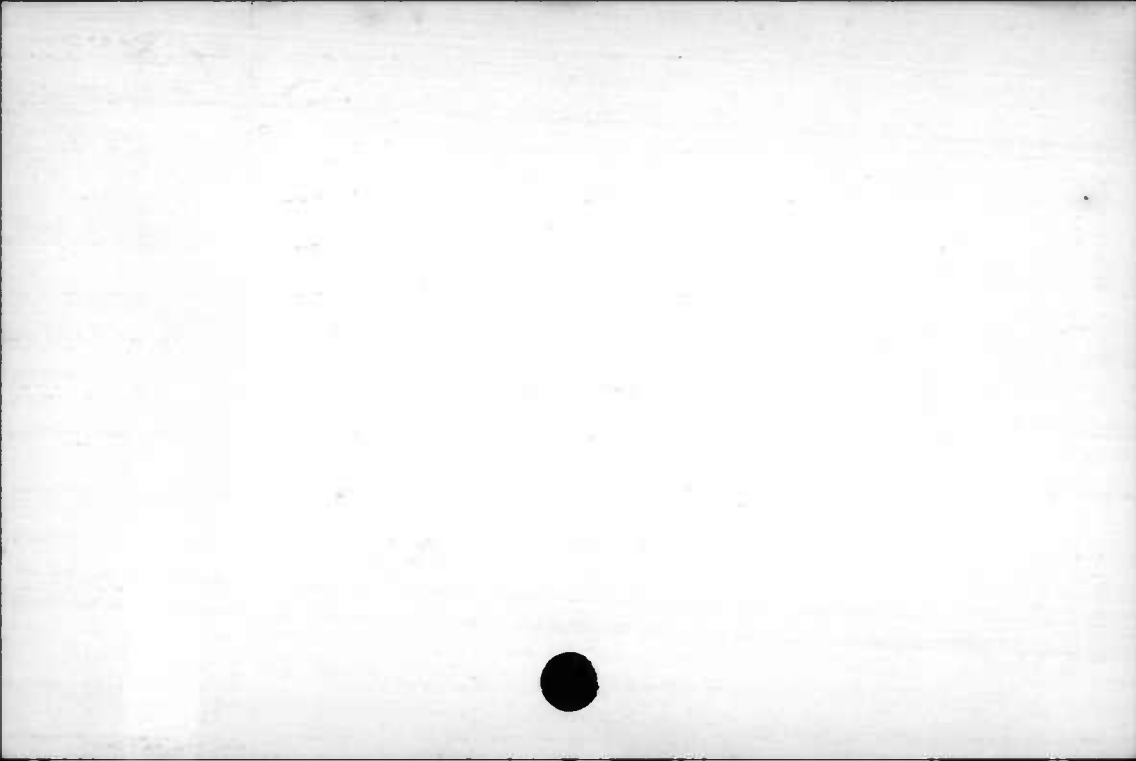
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Collington		<sup>County</sup> Prince George		MARYLAND	
Date of death	1905	Month	March	Day	2
Age	40	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	William Fletcher		
Father's Name	William Franklin			Father's Birthplace	Maryland
Mother's Maiden Name	Mary Weldon			Mother's Birthplace	Maryland
Name of person giving information	William Fletcher			How related to deceased	Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Exophthalmic Goitre	How long	20 years
Immediate	Heart disease	How long	6 months
Are the name, age, sex, color, date and place correctly given above?		Yes,	
Signature of Physician		Dr. A. R. Walker	
Address		Stalls, Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

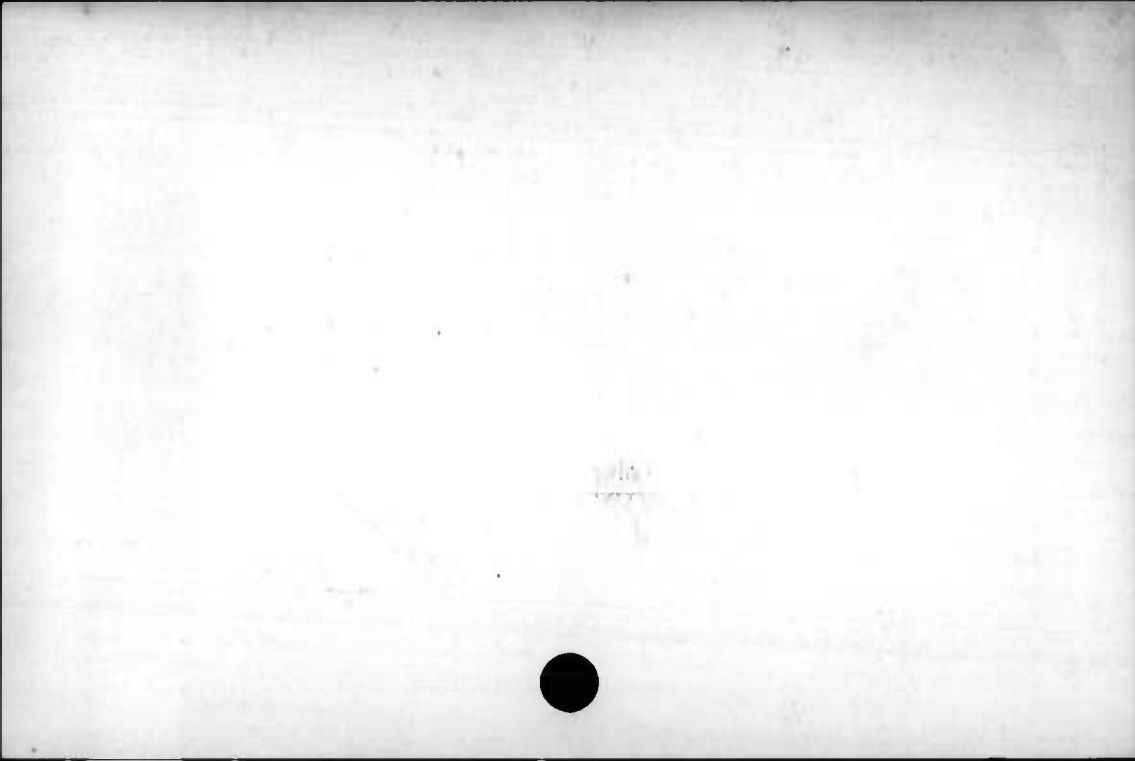
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Percy Gallahan</i>		Town <i>Piscataway</i>		County <i>Union</i>		State <i>New Jersey</i>	
Died <i>near Piscataway</i>		Month <i>3</i>		Day <i>11</i>		Years <i>6</i>	
Date of death 190 <i>5</i>		Month <i>3</i>		Day <i>11</i>		Years <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Md</i>		Months <i>6</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Surgeon</i>		Days <i>1</i>		Days <i>1</i>	
Name of Wife or Husband <i>Grace King</i>							
Father's Name <i>John L. Gallahan</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Grace King</i>				Mother's Birthplace <i>Md</i>			
Name of person giving In formation <i>Joseph A. King</i>				How related to deceased <i>Grandfather</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Meningitis</i>	How long <i>12 months</i>
Immediate <i>Convulsions</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. S. Durr</i>
	Address <i>Piscataway</i>
	<i>Md.</i>
Accident or Suicide?	



Name  
in  
Full

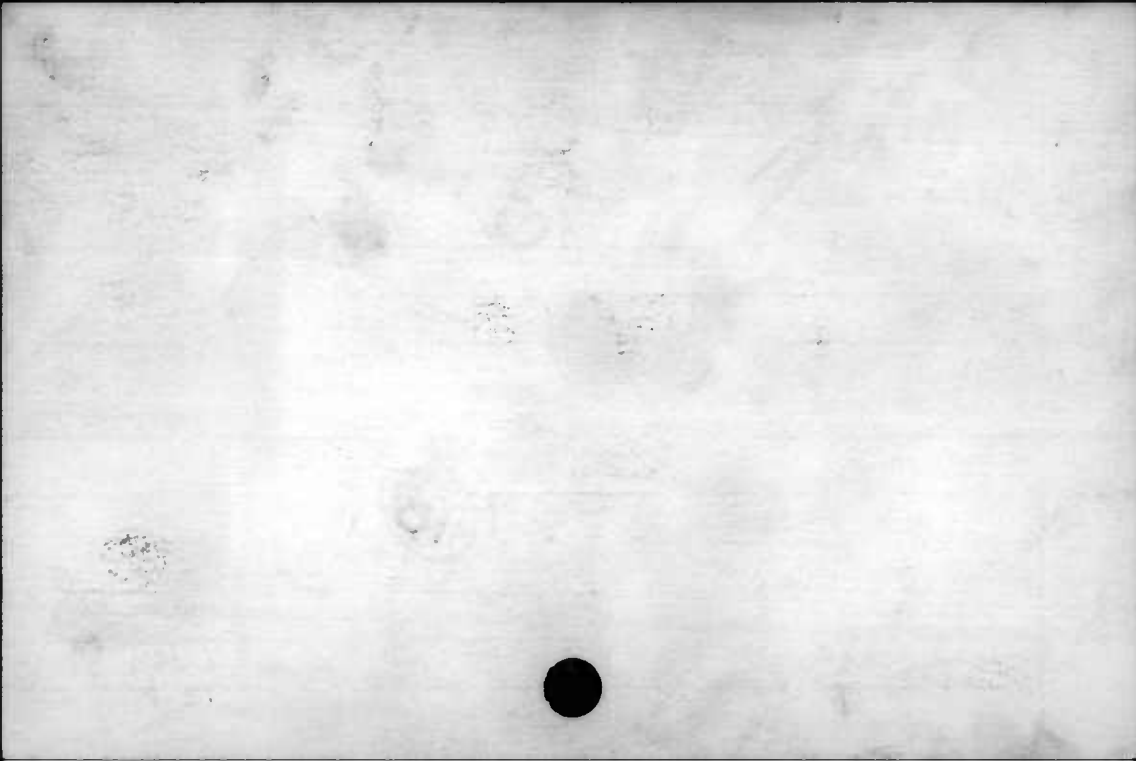
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

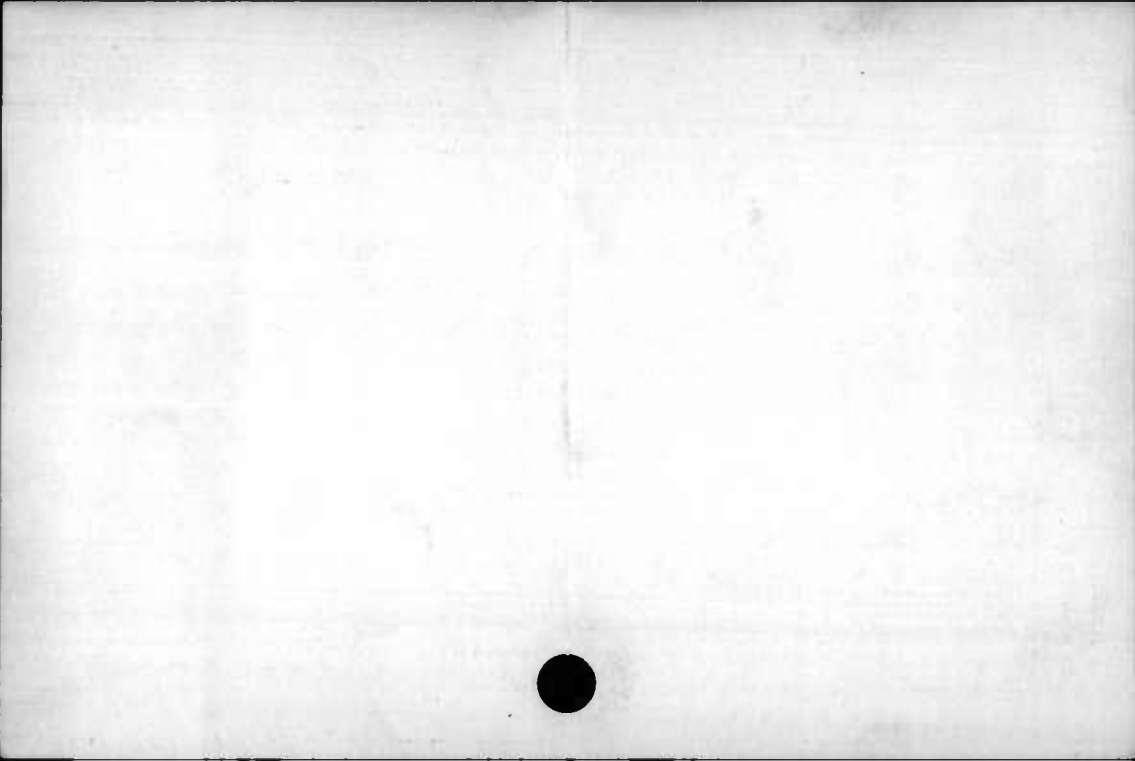
Name <i>Henrietta Galloway</i>		Town <i>Swittland</i>		County <i>Prince George</i>		MARYLAND	
Died at		Date of death <i>1901</i>		Month <i>3</i>		Day <i>28</i>	
Age <i>55</i>		Years <i>55</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md.</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>widowed</i>		Name of <del>Wife or</del> Husband <i>David Galloway</i>					
Father's Name <i>Hall</i>				Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Millie Smith</i>				Mother's Birthplace <i>md.</i>			
Name of person giving information <i>Rosetta Lancaster</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>La Grippe</i>	How long <i>4 weeks</i>	
	Immediate <i>Cardiac weakness</i>	How long <i>2 weeks</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John B. Sanborn</i>	
		Address <i>Forestville md.</i>	
Accident or Suicide? <i>—</i>			



Name in Full		Gustave Gaunderson				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND		
		Lanham		Prince Geo.					
		Date of death 190	5	Month	Mar.	Day	5	Age	Unknown
		Sex	Male		Color or Race	White		Birth-place	Unknown
		Married, Single or Widowed	Unknown		Occupation	none Pensioner			
		Name of Wife or Husband	Unknown						
		Father's Name	100					Father's Birthplace	Unknown
Mother's Maiden Name	100					Mother's Birthplace	5		
Name of person giving information	Martin J. Stahl					How related to deceased	none		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		How long					
		Immediate		How long					
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
		Address		Denzel H. Cross		Coroner			
Accident or Suicide?		deceidiah		Lanham					



Name  
in  
Full

Harrison Hall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

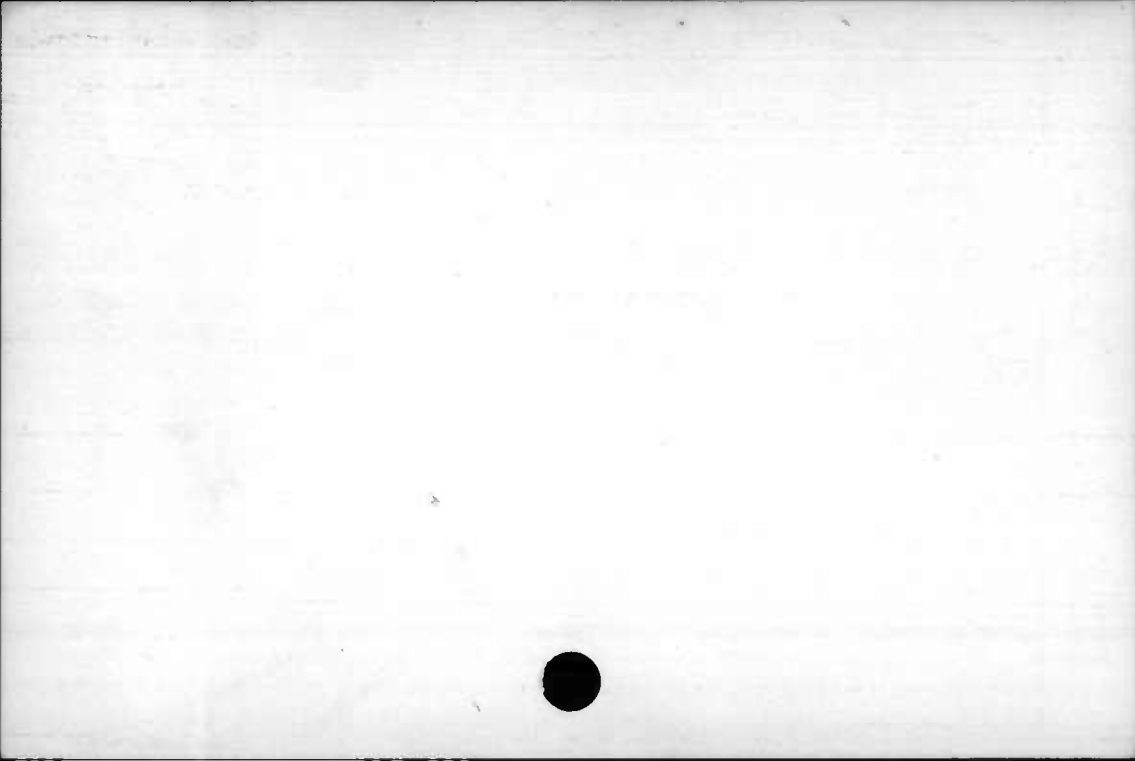
MARYLAND

Died at <u>213</u> Town		<u>P.G.</u> County			
Date of death <u>1905</u>	Month <u>3</u>	Day <u>4</u>	Years	Months <u>7</u>	Days
Sex <u>male</u>	Color or Race <u>colored</u>		Birth-place <u>ma</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>James F. Hall</u>			Father's Birthplace <u>ma</u>		
Mother's Maiden Name <u>Theresa Harrison</u>			Mother's Birthplace <u>ma</u>		
Name of person giving information <u>James F. Hall</u>			How related to deceased <u>father</u>		

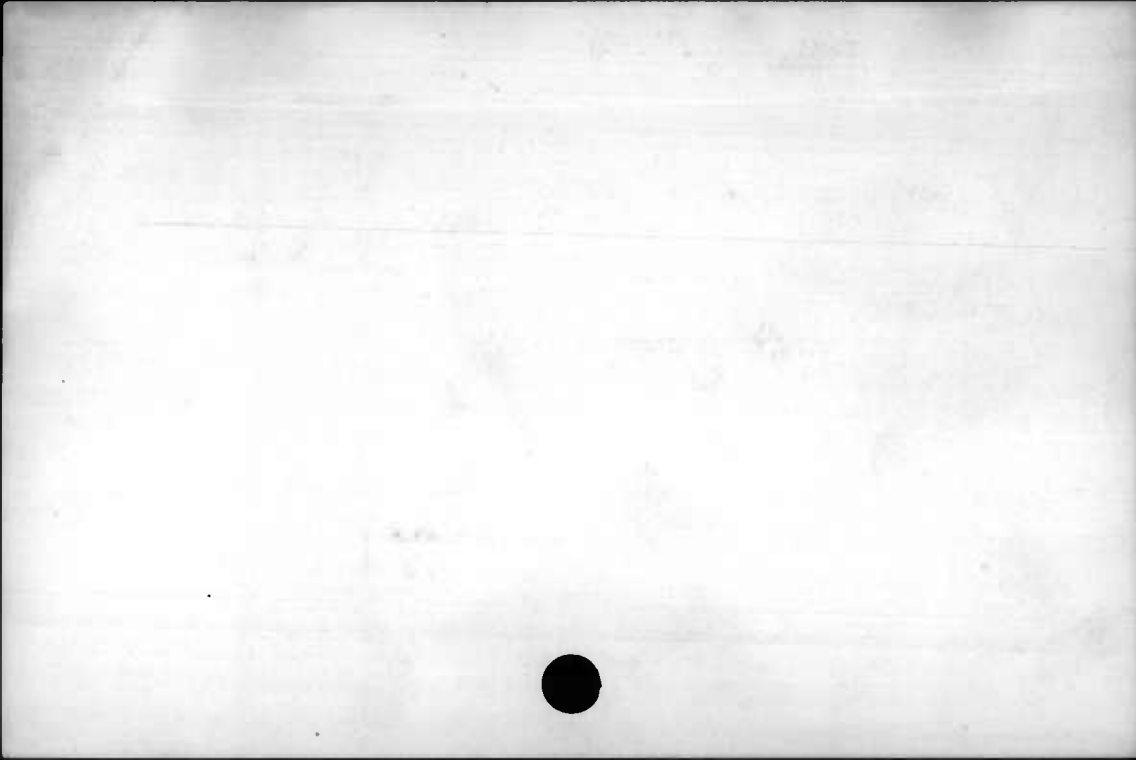
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pertussis</u>	How long <u>2 weeks</u>
Immediate <u>Asphyxia</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John A. Cor</u>
	Address <u>213.</u>
	<u>ma</u>
Accident or Suicide?	



Name in Full <b>Arthur Williams Harrod</b>		CERTIFICATE OF DEATH			
Died at <b>Sheep Road</b> <sup>Town</sup> <b>Prince George</b> <sup>County</sup> <b>MARYLAND</b>					
Date of death <b>1905</b> <sup>Month</sup> <b>3</b> <sup>Day</sup> <b>29</b> <sup>Age</sup> <b>—</b> <sup>Years</sup> <b>—</b> <sup>Months</sup> <b>—</b> <sup>Days</sup> <b>21</b>					
Sex <b>Male</b> Color or Race <b>Colored</b> Birth-place <b>Ma</b>					
Occupation <b>none</b> Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Single</b> Name of Wife or Husband <b>—</b>					
Father's Name <b>Arthur Williams</b> Father's Birthplace <b>Ma</b>					
Mother's Maiden Name <b>Hattie Harrod</b> Mother's Birthplace <b>Ma</b>					
Name of person giving information <b>Charles Harrod</b> How related to deceased <b>Uncle</b>					
CAUSES OF DEATH					
Primary <b>Mal Nutrition</b> <b>15</b> <sup>How long</sup> <b>21 days.</b>					
Immediate <b>Since birth.</b> <b>15</b> <sup>How long</sup> <b>—</b>					
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>None in attendance</b>			
		Address <b>John E. Sauerbrey</b>			
Accident or Suicide? <b>—</b>		<b>Health Officer Forsythe Ma.</b>			



Name  
in  
Full

Sadie Harrod

## CERTIFICATE OF DEATH

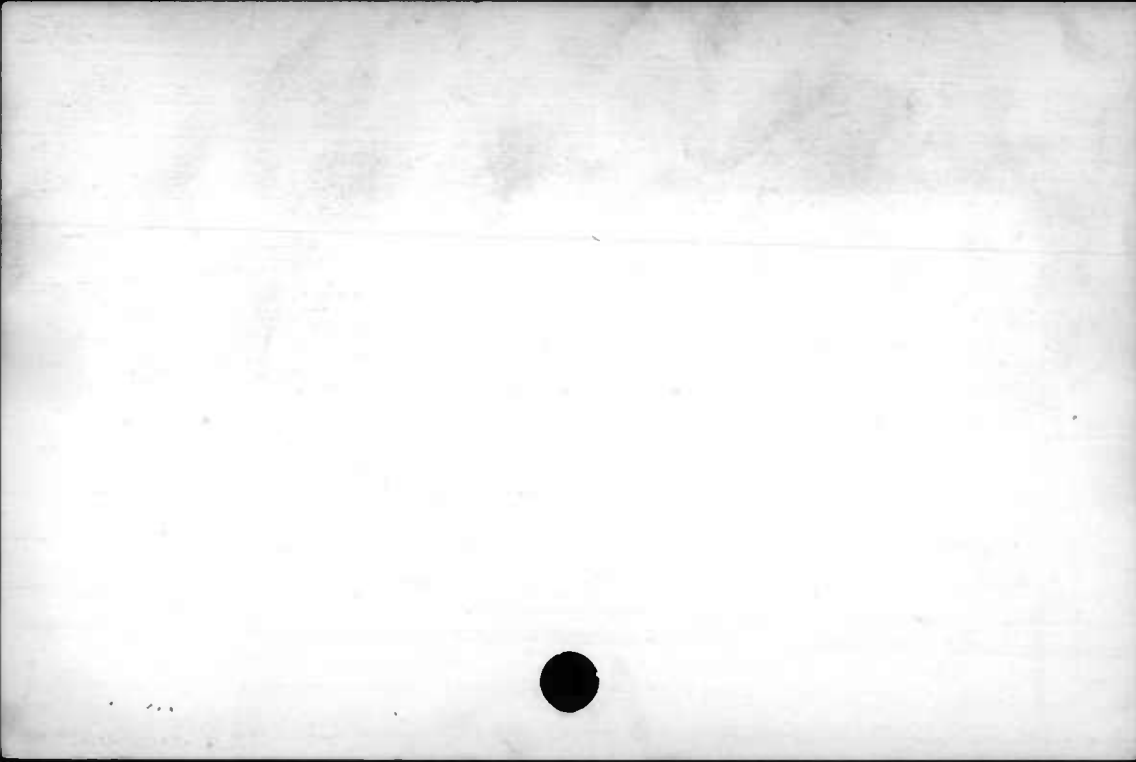
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sheniff Road</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>3</i> <small>Month</small>	<i>5</i> <small>Day</small>	<i>15</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Robert Harrod</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Matilda Crawford</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Robert Harrod</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis acute</i>	How long <i>3 months</i>
Immediate <i>Asthenia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Salisbury</i>
	Address <i>Forestville md</i>
Accident or Suicide? <i>—</i>	



Mary E. Hatton

Died at *Rose Cross* <sup>Town</sup> *Prince Geo* <sup>County</sup> **MARYLAND**

Date *1905* *Mar. 25* Month *1* Day *25* Age *32* Y. *11* M. *26* D. *26* Native of *Ind* Occupation *House work*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *none*

Husband of *George E. Hatton*

Wife *George E. Hatton*

Father's Name *Wm Diggs* Mother's Name *Mary Diggs*

Cause of Death { Primary *Consumption* Immediate *Asthenia* } How long sick *Six Months*

Accident, Suicide, Homicide

Reported by *Jos. M. Parker M.D.*Address *Congress Heights D.C.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

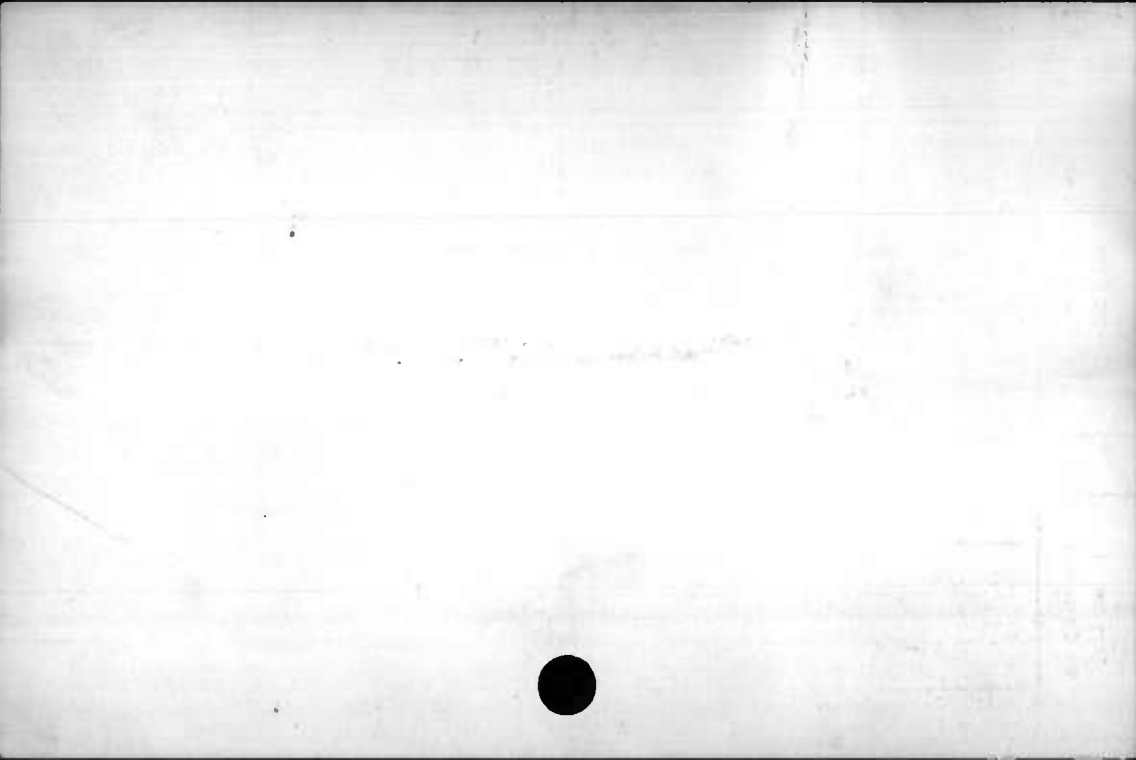
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ammanville</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death	1905	Month	<i>March</i>	Day	<i>24</i>
Age	<i>27</i>	Years	<i>27</i>	Months	<i>6</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Penn</i>
Occupation	<i>Teacher</i>		Where Residing if not at place of death <i>Ammanville</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Patrick Hughes</i>		Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name		<i>Margaret Campbell</i>		Mother's Birthplace <i>Ireland</i>	
Name of person giving Information		<i>Brother Clementine</i>		How related to deceased <i>Not any</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>about two years</i>
Immediate	<i>debility + Pericarditis</i>	How long	<i>about six weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>C. A. Fox</i>	
		Address <i>Bethesda Md</i>	
Accident or Suicide?			



Name  
in  
Full

Samuel Jackson

## CERTIFICATE OF DEATH

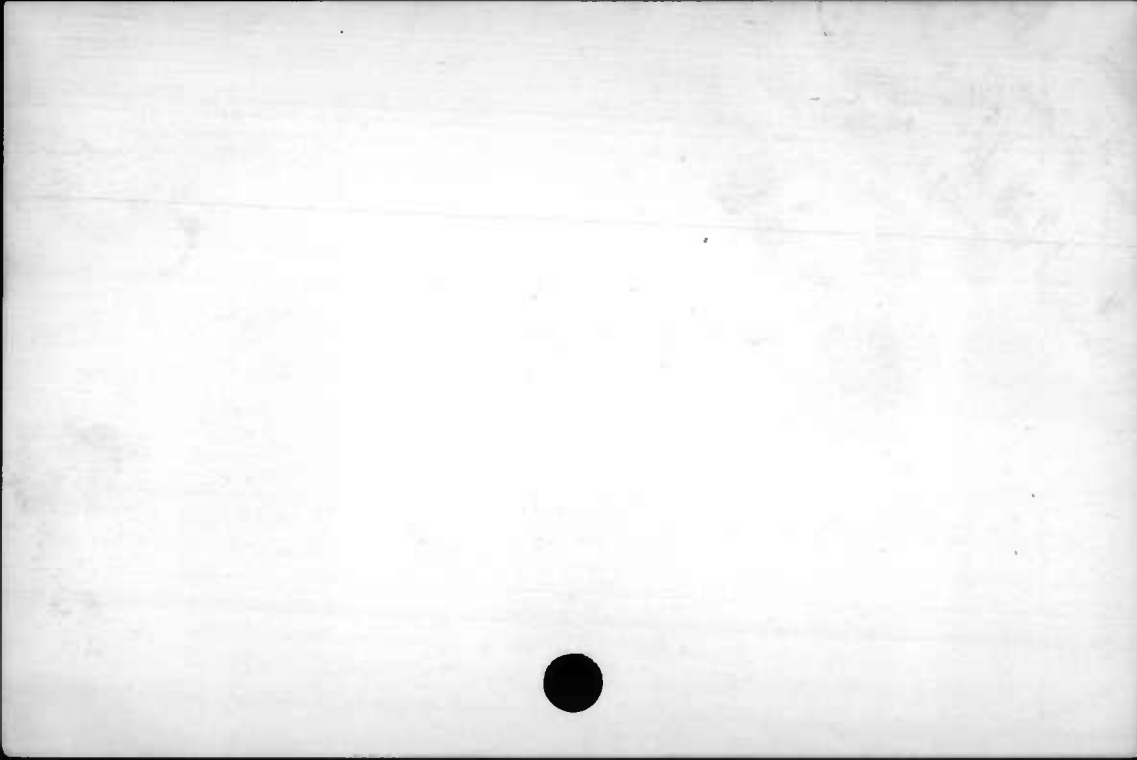
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Croom Sta</i>		<i>Pr Geo</i> County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	March	31	Age 85		
Sex	Color or Race		Birth-place		
Male	Colored				
Occupation	Where Residing if not at place of death				
<i>Labarer</i>					
Married, Single or Widowed	Name of Wife or Husband				
<i>married</i>	<i>Eliza Jackson</i>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				
<i>James Thornton</i>	<i>Grand Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. H. Gibson</i>
		Address	<i>Croom Md</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

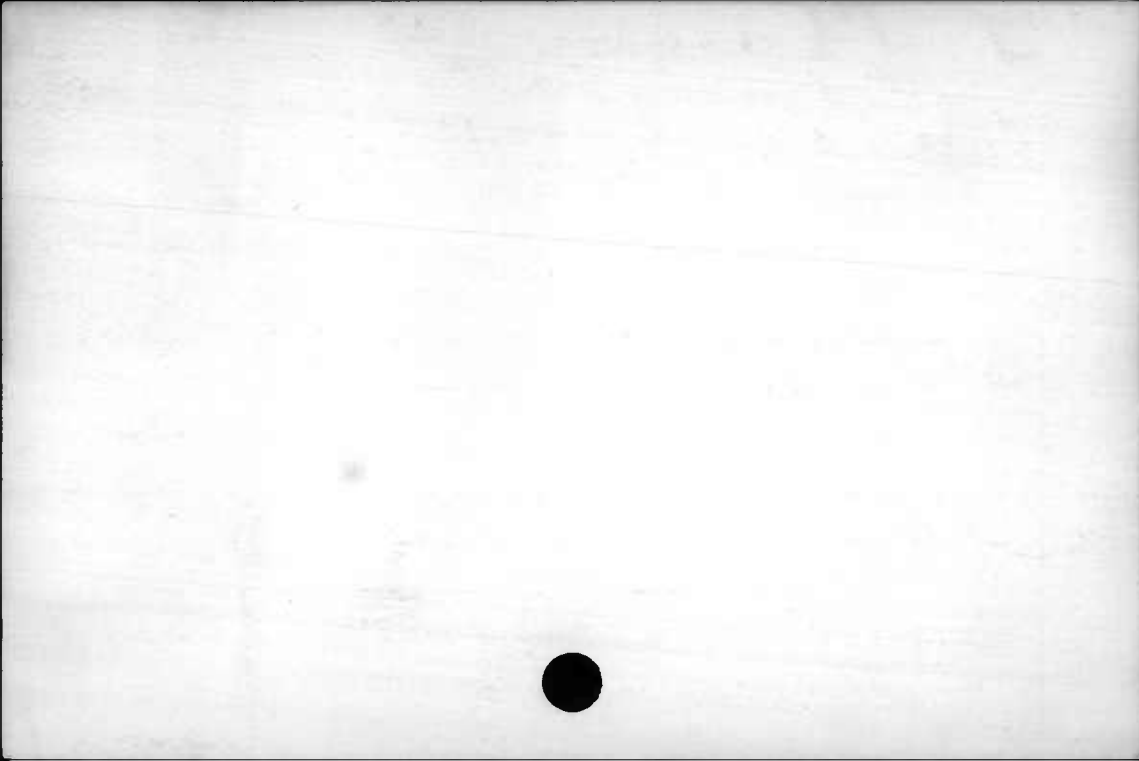
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>William Johnston</i>		Town <i>near Collington</i>		County <i>Prince George</i>		MARYLAND									
Died at		Date of death <i>1905</i>		Month <i>March</i>		Day <i>26</i>		Age <i>90</i>		Years		Months		Days	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth- place <i>Maryland</i>											
Occupation <i>Laborer</i>		Where Residing if not at place of death													
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Maria Harrison</i>													
Father's Name <i>John Johnson</i>		Father's Birthplace <i>Maryland</i>													
Mother's Maiden Name <i>Elizabeth Diggs</i>		Mother's Birthplace <i>Maryland</i>													
Name of person giving Information <i>Wm Johnson</i>		How related to deceased <i>Son</i>													

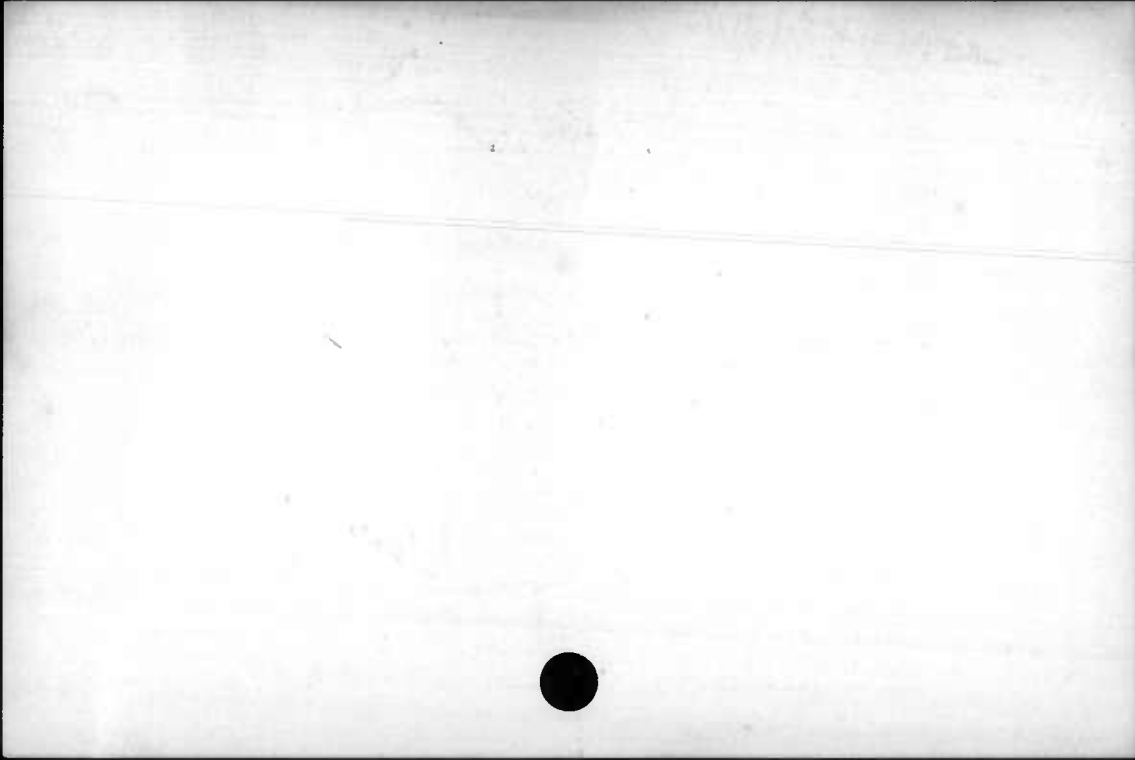
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old Age.</i>		How long <i>5 years.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>Joseph Nickelson</i>	
Accident or Suicide?		<i>Coroner</i>	



Name in Full		Ella Norah Kerby				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Broad Creek		P. Res.		MARYLAND	
	Date of death 1904	Month 3	Day 11	Age 38	Months	Days	
	Sex	Female		Color or Race	White	Birth-place	Md
	Married, Single or Widowed	Married		Occupation	Housewife		
	Name of <del>Wife</del> or Husband	Andrew Jackson Kerby					
	Father's Name	Clagett Thorne				Father's Birthplace	Md
	Mother's <del>Name</del> Name	Lucy Thorne				Mother's Birthplace	Md
Name of person giving information	A. J. Kerby				How related to deceased	Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Abortion				How long	13/4
	Immediate	Hemorrhage + exhaustion				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					E. P. Simpson M.D. Rosedale Md		
Accident or <del>Swindle</del> ?							



Name in Full		Benjamin Lee Kolbe				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Halls</i> Town		County <i>Prince George</i>		MARYLAND	
		Date of death 1905	Month <i>March</i>	Day <i>24</i>	Age <i>9</i> Years	Months <i>3</i>	Days <i>10</i>
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Halls</i>	
		Married, Single or Widowed <i>—</i>		Occupation <i>—</i>			
		Name of Wife or Husband <i>—</i>					
		Father's Name <i>Charles John Kolbe</i>			Father's Birthplace <i>Pennsylvania</i>		
		Mother's Maiden Name <i>Catherine Minerva Manbeck</i>			Mother's Birthplace <i>Pennsylvania</i>		
		Name of person giving Information <i>Lizzie M Kolbe</i>			How related to deceased <i>Sister</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Diphtheria</i>		How long <i>10 days</i>			
		Immediate <i>Heart Failure</i>		How long <i>3 days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. R. Walker</i>			
				Address <i>Halls, Md.</i>			
		Accident or Suicide? <i>—</i>					



Name  
in  
Full

Lee Liberty

## CERTIFICATE OF DEATH

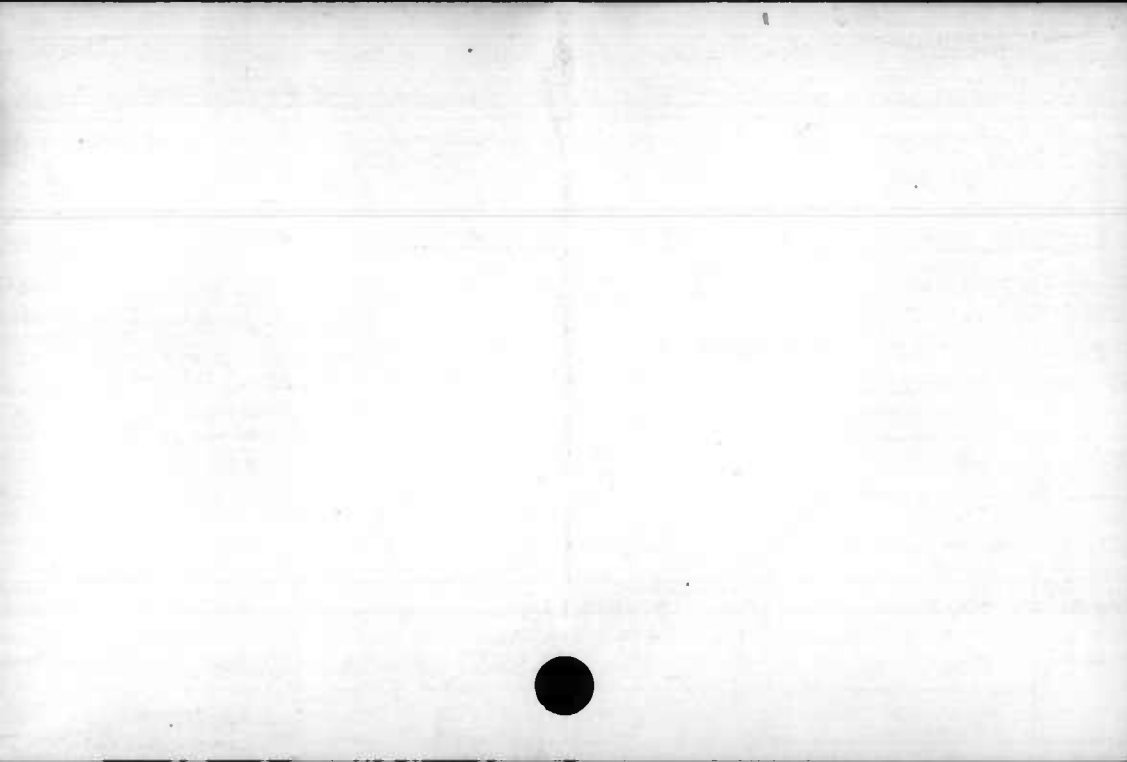
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Free Ford Washington</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>21</i>	Age <i>44</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Pr. Geo. Co Md</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Owen Liberty</i>				Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Elizabeth Bowling</i>				Mother's Birthplace <i>"</i>	
Name of person giving information <i>Harry Lee Bowling</i>				How related to deceased <i>Aunt</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>kidney Almonds</i>	How long <i>2 hrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harry Malley</i>
	Address <i>Acers Creek Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ship's Mill Road</i>		Town <i>Quince</i>		County <i>Prince George's</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Mar</i>	Day <i>12</i>	Age <i>5-5-</i>	Years	Months	Days	
Sex <i>M</i>	Color or Race <i>white</i>		Birth-place				
Married, Single or Widowed <i>Single</i>		Occupation <i>Pensioner</i>					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Thos Bonifant</i>				How related to deceased <i>not related</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Pneumonia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Alfred T. Parsons</i>
	Address <i>Paloma Park</i>
Accident or Suicide?	



Name

in  
Full

E. Delia May Robey

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *near Largo*

Date

of death 1905

Month

*March*

Day

*16*

Age

Years

*3*

Months

*9*

Days

Sex

*Female*Color or  
Race*white*Birth-  
place*P. R. C. Md*Married, Single  
or Widowed*~*

Occupation

Name of Wife or  
Husband*~*Father's  
Name*Dorchester Robey*Father's  
Birthplace*P. R. C.*Mother's  
Maiden Name*King*Mother's  
Birthplace*P. R. C.*Name of person giving  
Information*Mary Robey*How related  
to deceased*mother*

## CAUSES OF DEATH

Primary

*Don't know -*

How long

*1 wk*

Immediate

*Don't know. saw it only*

How long

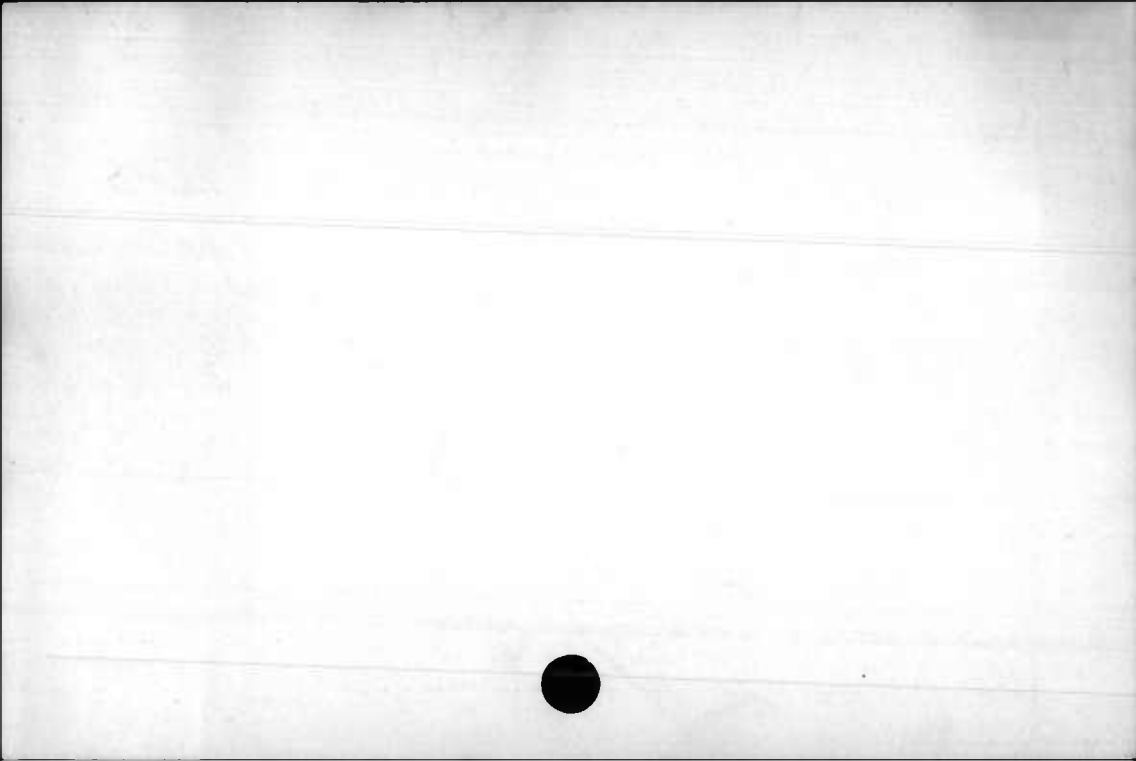
*1 wk*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

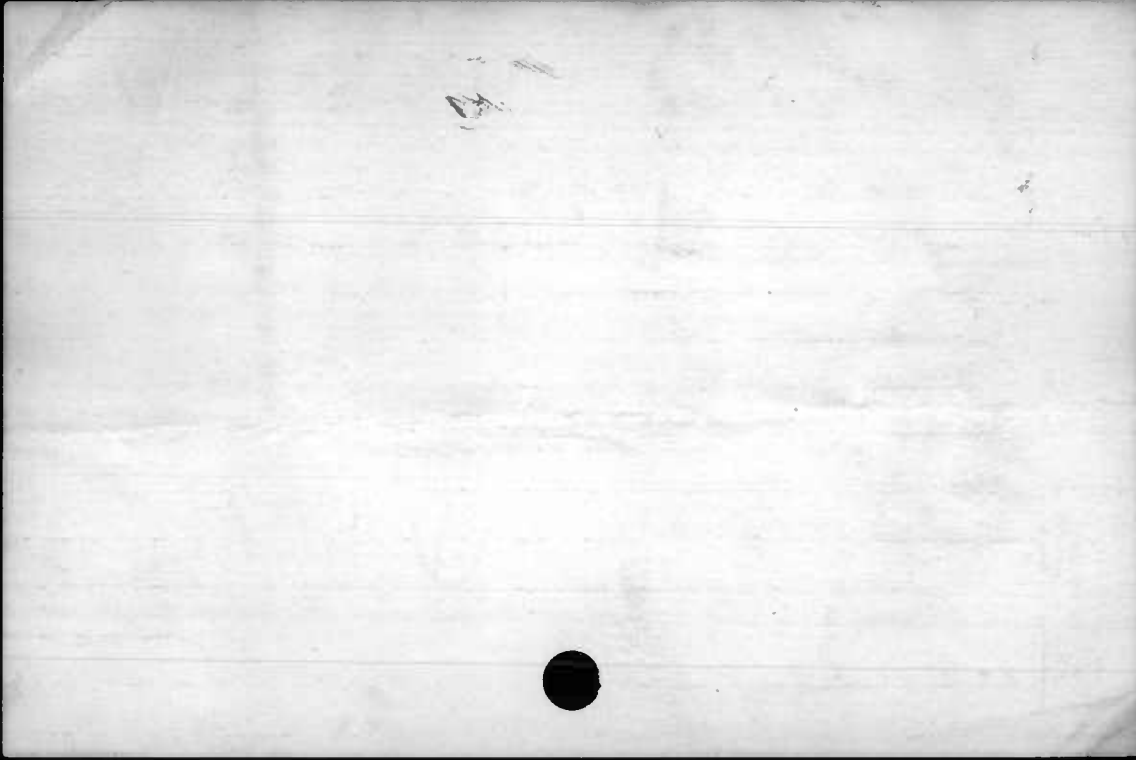
*E. D. Griffith*  
*Upper Marlboro*  
*Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Emory Robey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	TOWN Laurel		COUNTY Prince Geo		MARYLAND	
	Date of death	1905	Month Mch	Day 16th	Years 28	Months 4	Days 16
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Laborer		Where Residing if not at place of death		Laurel Md	
	Married, Single or Widowed	yes		Name of Wife or Husband			
	Father's Name	Wm H. Robey				Father's Birthplace	Md
	Mother's Maiden Name	Sarah Willis				Mother's Birthplace	Md
	Name of person giving information	Wm H. Robey				How related to deceased	Father
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Diphtheria			How long	12 Years	
	Immediate	Inanition			How long	7 Years	
	Are the name, age, sex, color, date and place correctly given above?	yes			Signature of Physician	John Cronmiller Md	
	Accident or Suicide?	No			Address	Laurel - Md	



Name in Full

Certificate of Death

Leila Agnes Robey

Town

County

MARYLAND

Died at near Largo

Pr. Geo

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905 - March 22

Age

1.9

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Scarlet fever

How long sick

Don't know

Death

Immediate

Accident, Suicide, Homicide

Reported by

D. L. A. Giffith

Address

Copper War

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Only saw it when dying



Name  
in  
Full

Daul. G. Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>ILB.</i>		Town		<i>Per. Gro.</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>3</i>		Day <i>23</i>		Years <i>24</i>		Months	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>					
Occupation <i>Labourer</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>				Name of Wife or Husband <i>Isabel Hawkins</i>					
Father's Name <i>Wm Smith</i>				Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Johnana Duckett</i>				Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Wallace Smith</i>				How related to deceased <i>brother</i>					

## CAUSES OF DEATH

Primary	<i>Abscess of Liver</i>	How long	<i>3 months</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

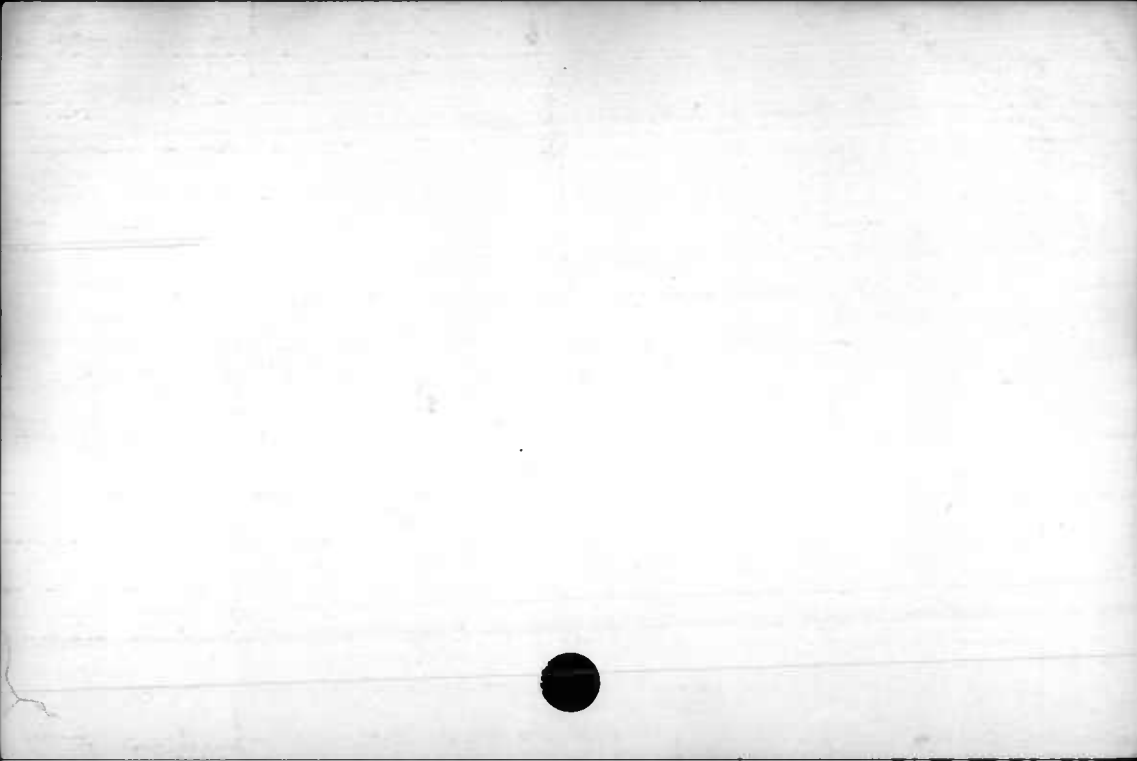
*Yes*

Signature of Physician

Address

*John A. Coz**ILB.*

Accident or Suicide?



Name in Full

Certificate of Death

Annie Spencer

Town

County

MARYLAND

Died at

Crown Sta

R. Geo

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

March 28

Age

23

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Pneumonia

93

How long sick

Don't know

Accident, Suicide, Homicide

Reported by

L. A. Griffith

M. D.

Address

Queen

Marlboro Md

(over)

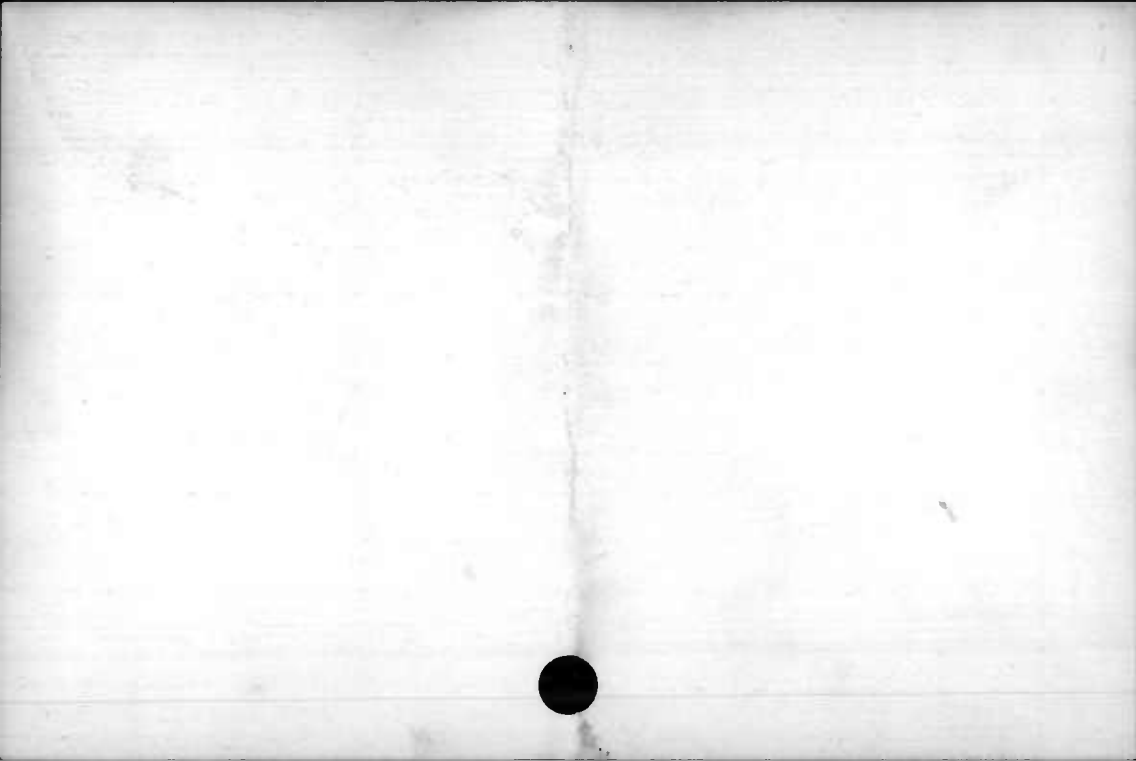
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

was requested to see the  
patient only, met - and  
did not know of her death  
for two days afterward.

L. C. G.

Name in Full		Guy Stewart				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Forestville</u> <small>Town</small>		<u>P. George</u> <small>County</small>		MARYLAND	
		Date of death <u>1905</u>	Month <u>3</u>	Day <u>20</u>	Age <u>2</u> <small>Years</small>	Months <u>—</u>	Days <u>—</u>
		Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>md</u>			
		Occupation <u>none</u>	Where Residing if not at place of death <u>—</u>				
		Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
		Father's Name <u>William Stewart</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Lizzie Blake</u>	Mother's Birthplace <u>md</u>						
Name of person giving information <u>Thomas Blake</u>	How related to deceased <u>male</u>						
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<u>Dentition &amp; Worms</u>			How long	<u>10 days</u>	
	Immediate	<u>Spinal Meningitis</u>			How long	<u>10 days</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician	<u>John E. Baubury</u>		
				Address	<u>Forestville</u> <u>md.</u>		
Accident or Suicide? <u>—</u>							



Name  
in  
Full

Estelle Taylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Mar Brookfield* <sup>County</sup> *Prince Georges*Date of death 1905- <sup>Month</sup> *3* <sup>Day</sup> *26* <sup>Years</sup> *26* <sup>Months</sup> *2* <sup>Days</sup> *24*Sex *Female* Color or Race *Colored* Birth-place *Charleston Md*Occupation *House work* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *George Taylor*Father's Name *Thomas Brincoe* Father's Birthplace *Char. Co Md.*Mother's Maiden Name *Eliza Beers* Mother's Birthplace *" " "*Name of person giving information *George Brincoe* How related to deceased *Mother*

## CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *3 years*

Immediate

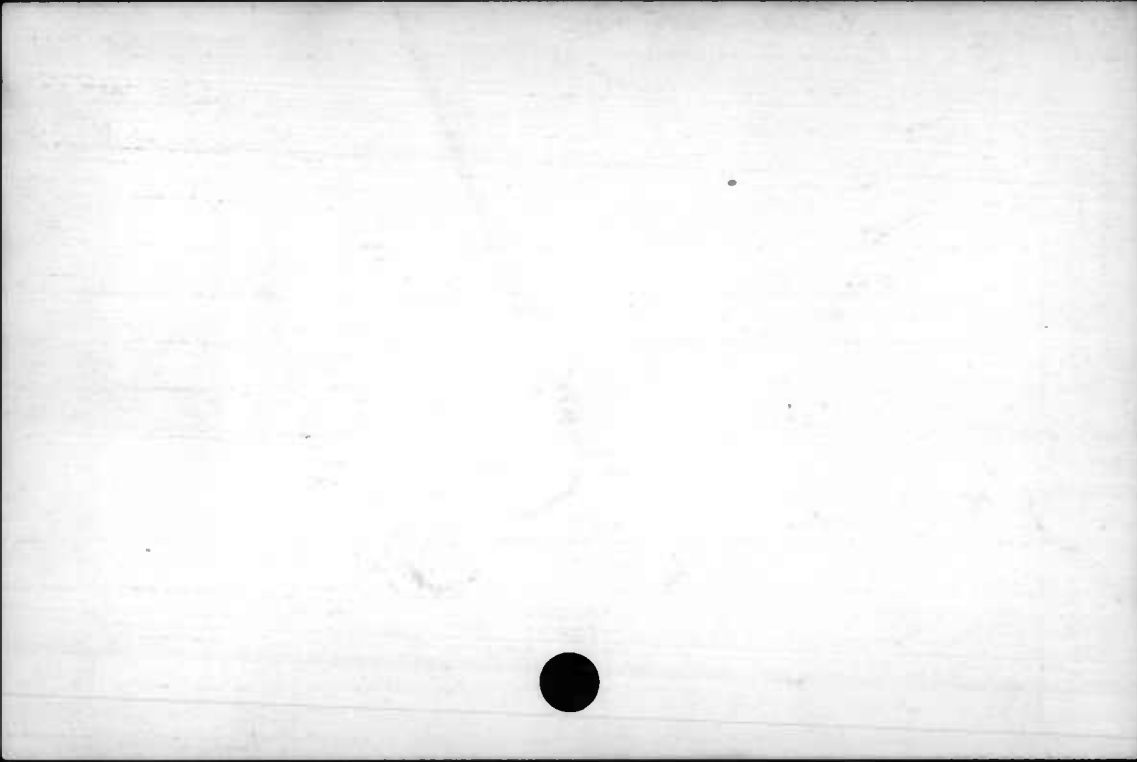
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*Harry Halliday M.D.*  
*Brookfield Md.*

Accident or Suicide?



Name  
in  
Full

Adeline Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Leas Lane County Prince Geo **MARYLAND**

Died at Leas Lane

Date of death 1905 Month March Day 30 Age 78 Years Months " Days "

Sex Female Color or Race Black Birth-place Montg Co

Occupation House Wife Where Residing if not at place of death Home near Lane

Married, ~~Single~~ yes Name of Wife or Husband Amos Thomas

Father's Name Aaron Doublin Father's Birthplace md

Mother's Maiden Name Annie Pool Mother's Birthplace md

Name of person giving information John Doublin How related to deceased Son

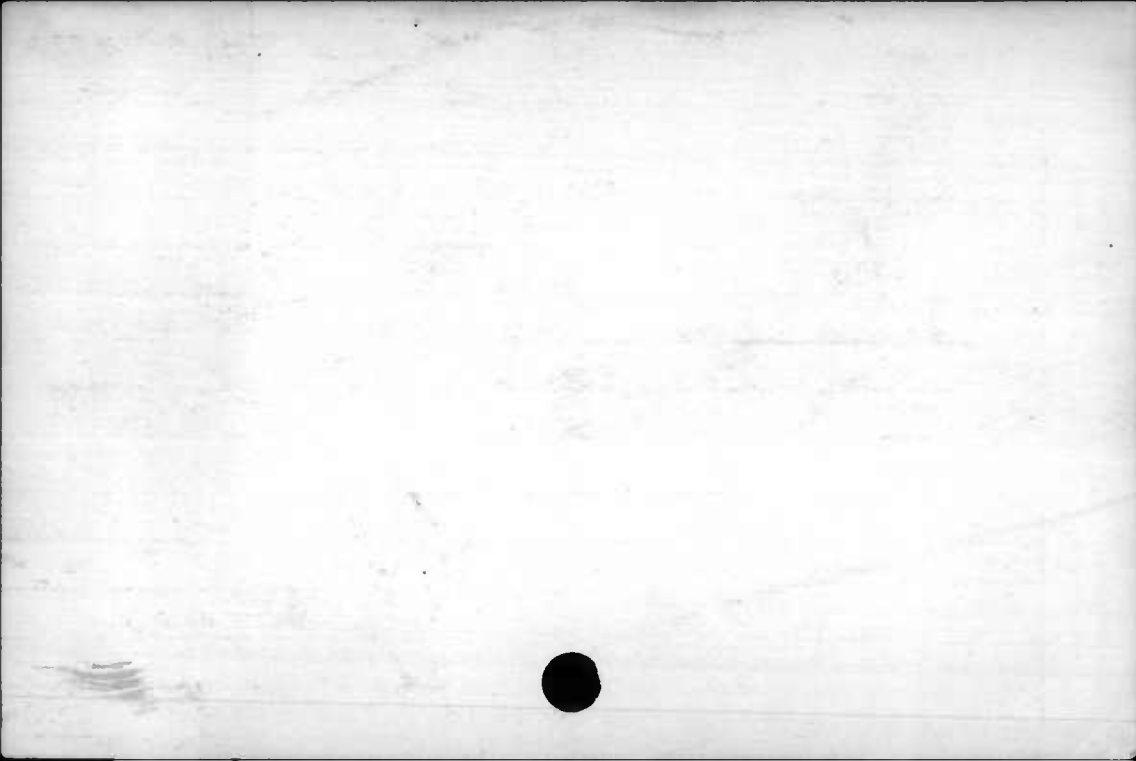
## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary PneumoniaHow long 6 daysImmediate -Are the name, age, sex, color, date and place correctly given above? yes

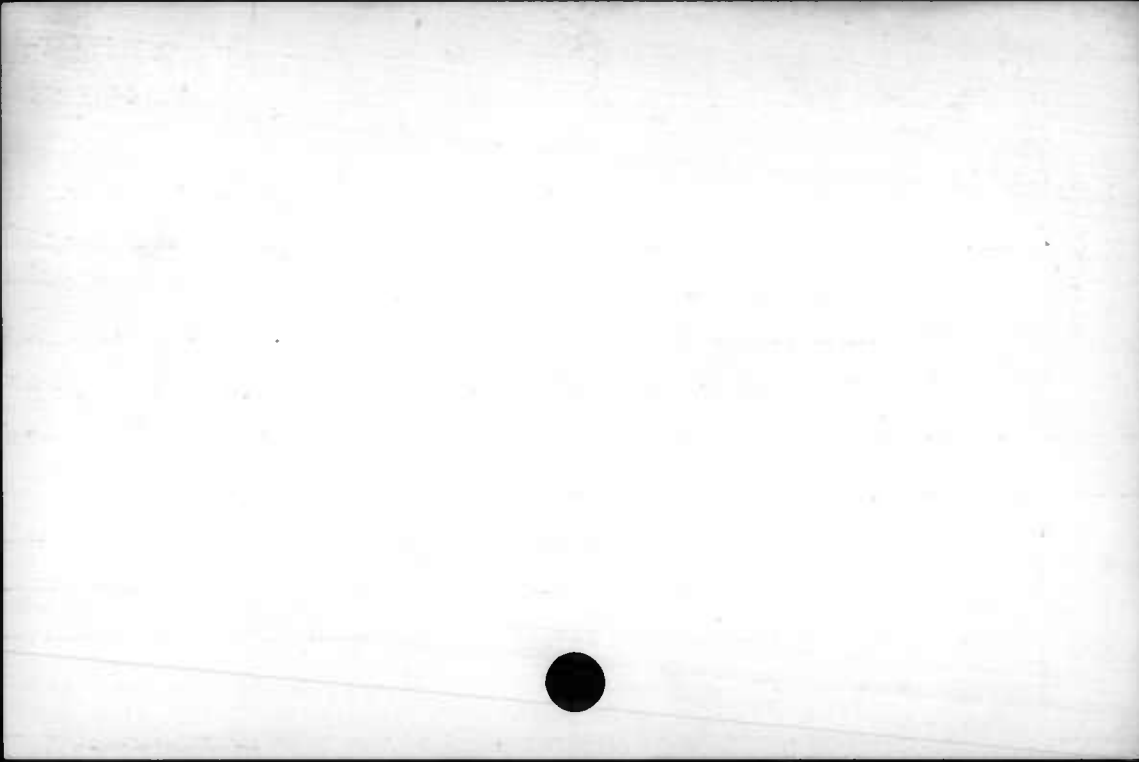
Signature of Physician

Address

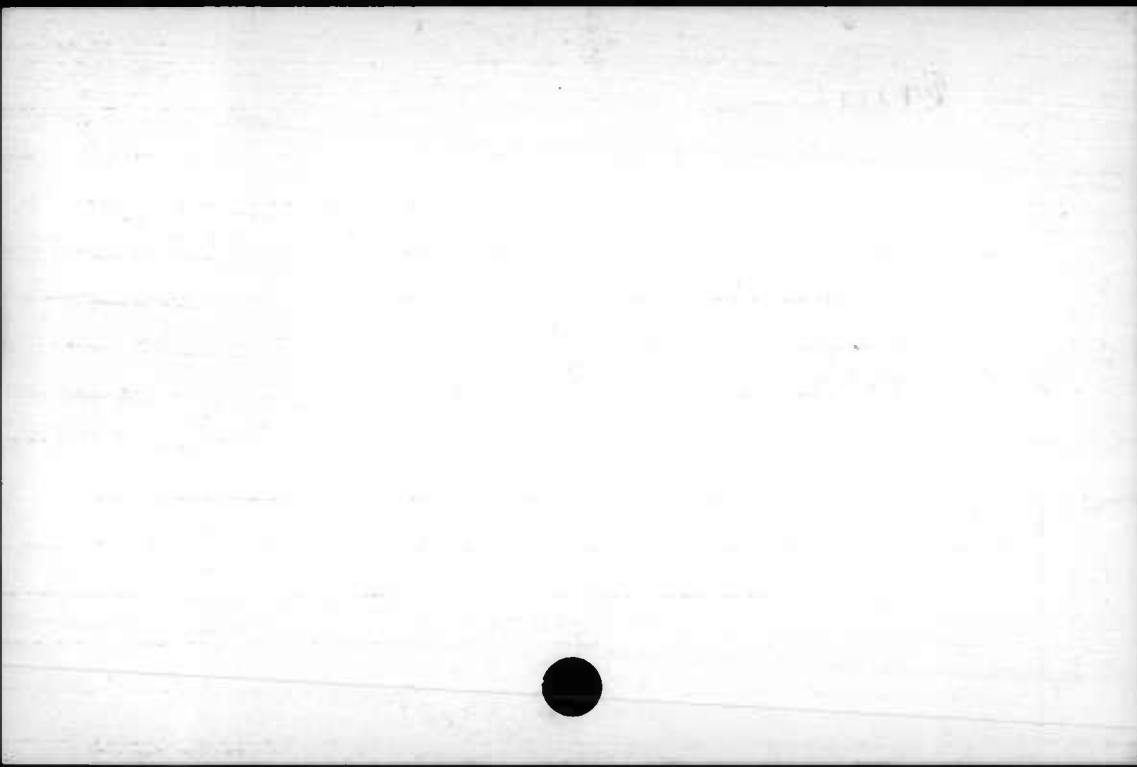
Accident or Suicide?



Name in Full		E. P. Thompson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		TOWN		COUNTY		MARYLAND
	Date of death		1905	Month	March	Day	15
			Age		33	Years	3
					Months	13	
	Sex		Female		Color or Race	White	Birth-place
	Occupation		Housewife		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband		
	Father's Name		Unknown		Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		R. M. Thompson		How related to deceased			Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Marriage & Sanguis		How long		10
	Immediate				How long		3 days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		John A. Cope		
			Address		P.B. Md.		
Accident or Suicide?							



Name in Full		Unnamed Child				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Edmonton</u> <sup>Town</sup>		County <u>P. G. Co</u>		MARYLAND	
		Date of death <u>1905</u> <sup>Month</sup> <u>Mar</u> <sup>Day</sup> <u>11</u>		Age <u>1</u> <sup>Years</sup>		<sup>Months</sup> <u>1</u> <sup>Days</sup>	
		Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>md</u>	
		Occupation <u>none</u>		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
		Father's Name <u>R. M. Thompson</u>		Father's Birthplace <u>md</u>			
		Mother's Maiden Name <u>R. R. Thompson</u>		Mother's Birthplace <u>md</u>			
Name of person giving information <u>R. M. Thompson</u>		How related to deceased <u>Father</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>not known</u>		How long <u>172</u>			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John A. Love</u>			
				Address <u>Dr. A. M. A.</u>			
		Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Philadelphia* <sup>Town</sup> *Penn* <sup>County</sup>Date of death *1903* <sup>Month</sup> *March* <sup>Day</sup> *19* <sup>Years</sup> *43* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *male* Color or Race *white* Birth-place *md*Occupation *none* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Unknown.*Father's Birthplace *—*

Mother's Maiden Name

Mother's Birthplace *—*Name of person giving information *J. William Lee.*How related to deceased *none*

## CAUSES OF DEATH

Primary

*Congestion of* *Brain* *64*

How long

Immediate

How long

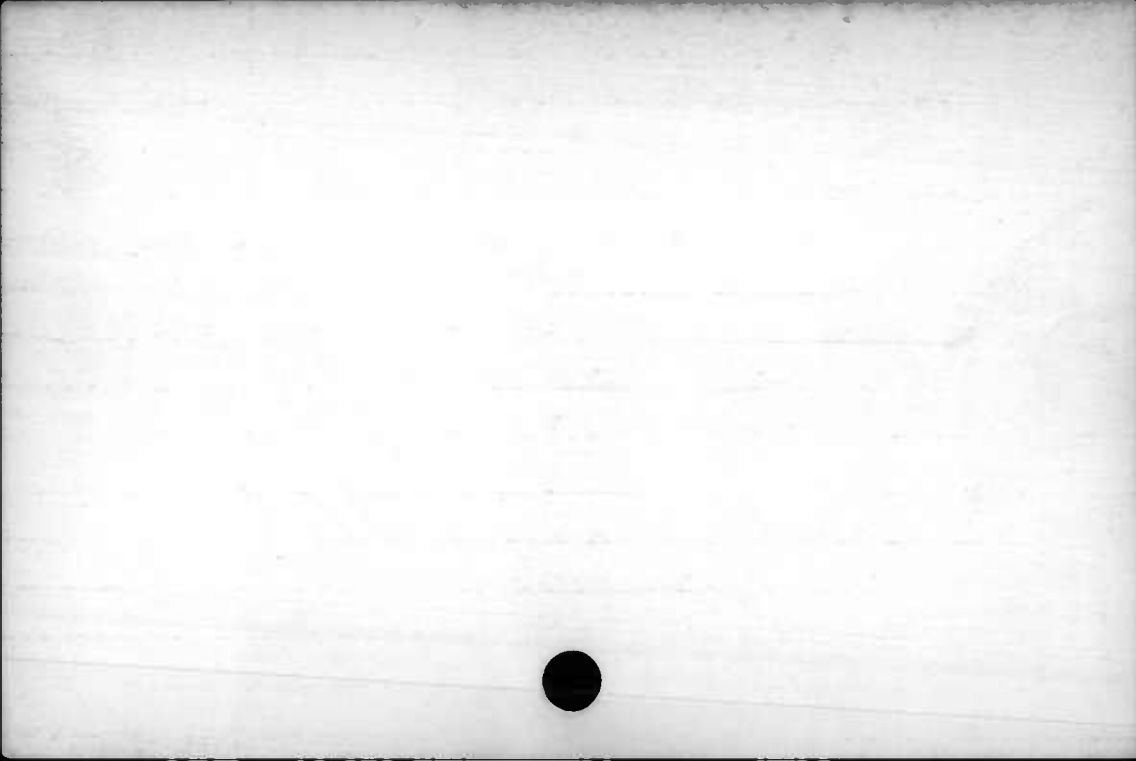
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*J. William Lee.*  
*Undertaker*  
*Washington D.C.*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

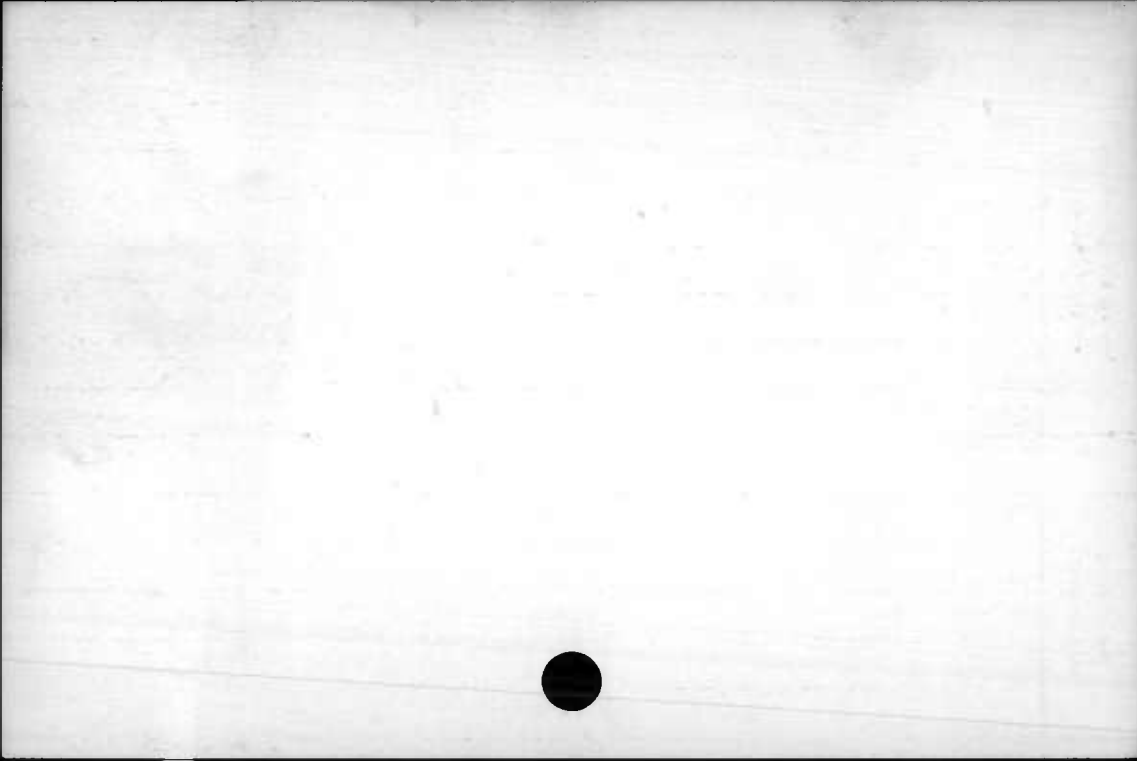
MARYLAND

Died at		Town <i>Brantwood</i>		County <i>Pr. Geo.</i>	
Date of death	<i>1905</i>	Month <i>March</i>	Day <i>14</i>	Age <i>7</i>	Years <i>7</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth- place		
Occupation <i>At home</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name				Father's Birthplace <i>N.C.</i>	
Mother's Maiden Name				Mother's Birthplace <i>Va.</i>	
Name of person giving In formation				How related to deceased	

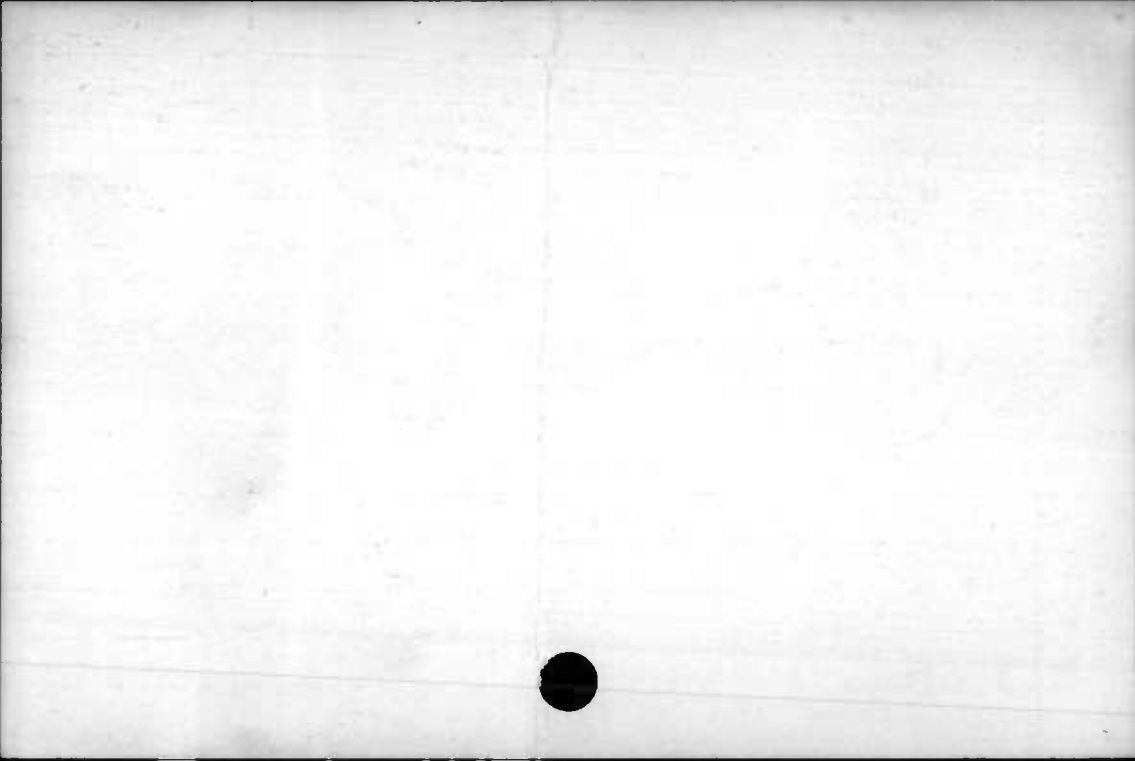
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Whooping cough</i>	How long	<i>5 weeks</i>
Immediate	<i>Complications from whooping cough</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. G. Berry</i>	
		Address <i>Hyattsville</i>	
Accident or Suicide?			



Name in Full <b>John F. Wallace</b>		CERTIFICATE OF DEATH	
Died at <b>213</b> <sup>Town</sup>		<b>Primer</b> <sup>County</sup>	
Date of death <b>1905</b>		Month <b>3</b> Day <b>10</b> Age <b>48</b> Years <b>3</b> Months <b>3</b> Days <b>5</b>	
Sex <b>male</b>		Color or Race <b>Colored</b>	
Occupation <b>Minister</b>		Birth-place <b>md</b>	
Where Residing if not at place of death			
Married, Single or Widowed <b>married</b>		Name of Wife or Husband <b>Estimae Robertson</b>	
Father's Name <b>John Wallace</b>		Father's Birthplace <b>md</b>	
Mother's Maiden Name <b>John F. Brooke</b>		Mother's Birthplace	
Name of person giving information <b>John W Brooke</b>		How related to deceased <b>none</b>	
CAUSES OF DEATH			
Primary <b>Pneumonia &amp; complications</b>		How long <b>2 week</b>	
Immediate <b>Heart failure</b>		How long <b>few hours</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>John A. Coz MD</b>	
		Address <b>213</b>	
		<b>md</b>	
Accident or Suicide?			



Name in Full		Lillian Larene Washington.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mr. Billie Brown	County Prince George's Co.		MARYLAND	
	Date of death 190	5	Month March	19	Day	Age	3 mo.
	Sex		Color or Race		Birth-place		Months 11
	Married, Single or Widowed		Single		Occupation		Days house work
	Name of Wife or Husband		was not named				
	Father's Name		John Washington		Father's Birthplace		Mrs Turner
	Mother's Maiden Name		Margarette Williams		Mother's Birthplace		M. Skinner
Name of person giving information		+ Billie Brown		How related to deceased		son's child	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Crippling Stomach		How long		for 3 months
	Immediate		fits		How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John Washington
					Address		"Forenk"
Accident or Suicide?		No it wasn't any accident or suicide					

H. Sansbury, Health Officer,

Name in Full

Certificate of Death

Mary Maggie Wales,

Town

County

MARYLAND

Died at

Marlboro

Fr. Leo.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1908

Mch 24

Age

29 - -

Maryland

Male

White

Married

Widow

Divorced

no

Female

Colored

Single

Widower

Number of children living 0

Husband

of

Wife

Father's

Name

Charles Wales

Mother's

Charles Lee

Maiden Name

Harrison

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

Tuberculosis

Accident, Suicide, Homicide

Reported by

L. A. Griffith M.D.

Address

Lefter Meadows

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name

in  
Full

## CERTIFICATE OF DEATH

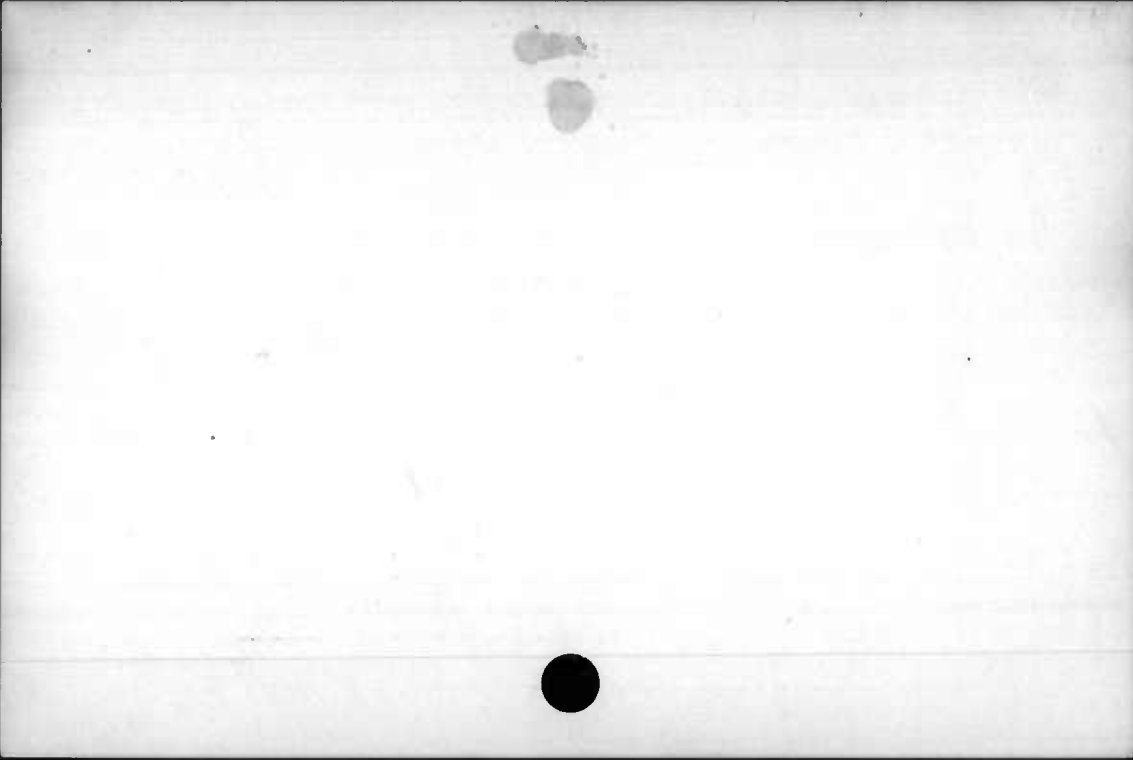
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Katherine Wells</b>		Town <b>Marlboro</b>		County <b>F. Geo</b>		MARYLAND	
Died at <b>Marlboro</b>		Month <b>5</b>		Day <b>15</b>		Years <b>82</b>	
Date of death 190 <b>5</b>		Month <b>May</b>		Day <b>15</b>		Age <b>82</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>F. Geo Co</b>			
Married, Single or Widowed <b>Widow</b>		Occupation <b>None</b>					
Name of Wife or Husband <b>Lloyd Wells</b>							
Father's Name		Father's Birthplace					
Mother's Maiden Name <b>Beary</b>		Mother's Birthplace					
Name of person giving information <b>Robt L. Wells</b>		How related to deceased <b>Son</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Pneumonia</b>	How long <b>3 days</b>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>Dr. Giffen</b>
	Address <b>Upper Marlboro</b>
Accident or Suicide?	



Name  
in  
Full

Sarah F Wesley

## CERTIFICATE OF DEATH

Town

Lauree

County

Prince Geo

MARYLAND

Died at

Date

of death 1905

Month

Mch

Day

22

Years

1

Age

Months

"

Days

"

Sex

Female

Color or  
Race

Black

Birth-  
place

Prince Geo Co

Occupation

None

Where Residing if not  
at place of death

Lauree

~~Married~~ Single  
or Widowed

Yes

Name of Wife or  
Husband

None

Father's  
Name

Evans Wesley

Father's  
Birthplace

Prince Geo Co

Mother's  
Maiden Name

Matilda Carter

Mother's  
Birthplace

Prince Geo Co

Name of person giving  
information

Evans Wesley

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

How long

Immediate

Pneumonia

How long

4 days.

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

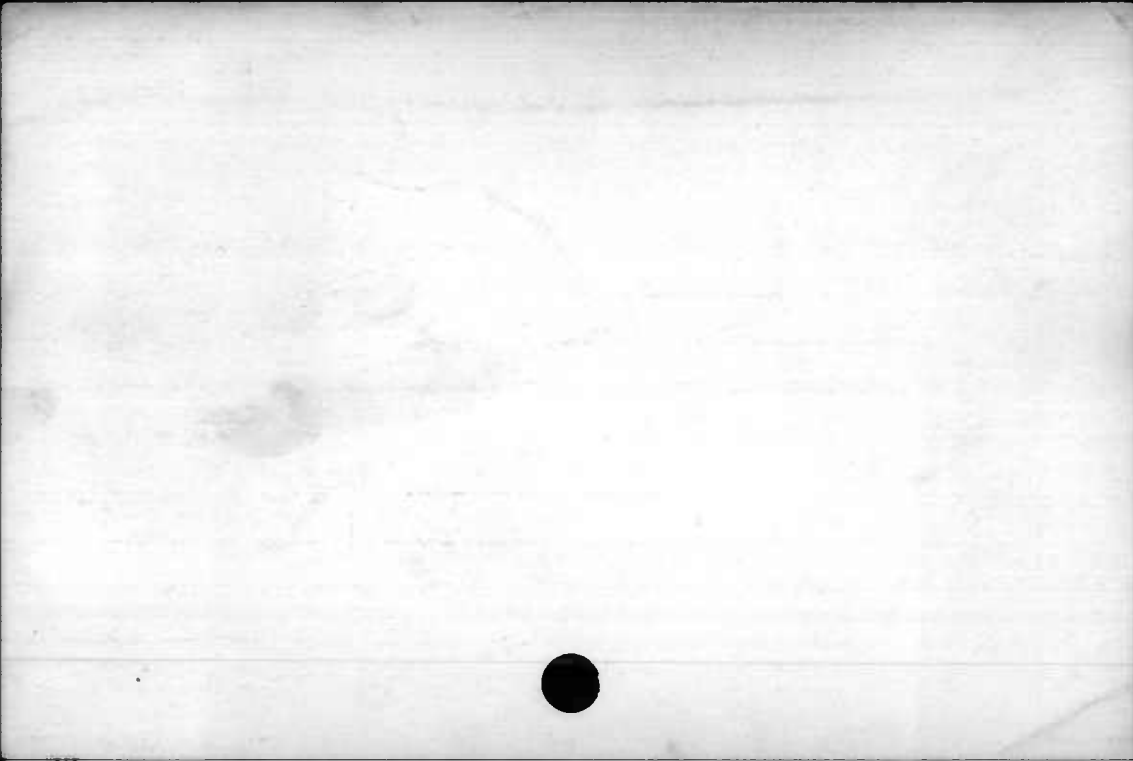
Address

93

J. R. Smith  
Lauree

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs Mary F.P. Wilson

## CERTIFICATE OF DEATH

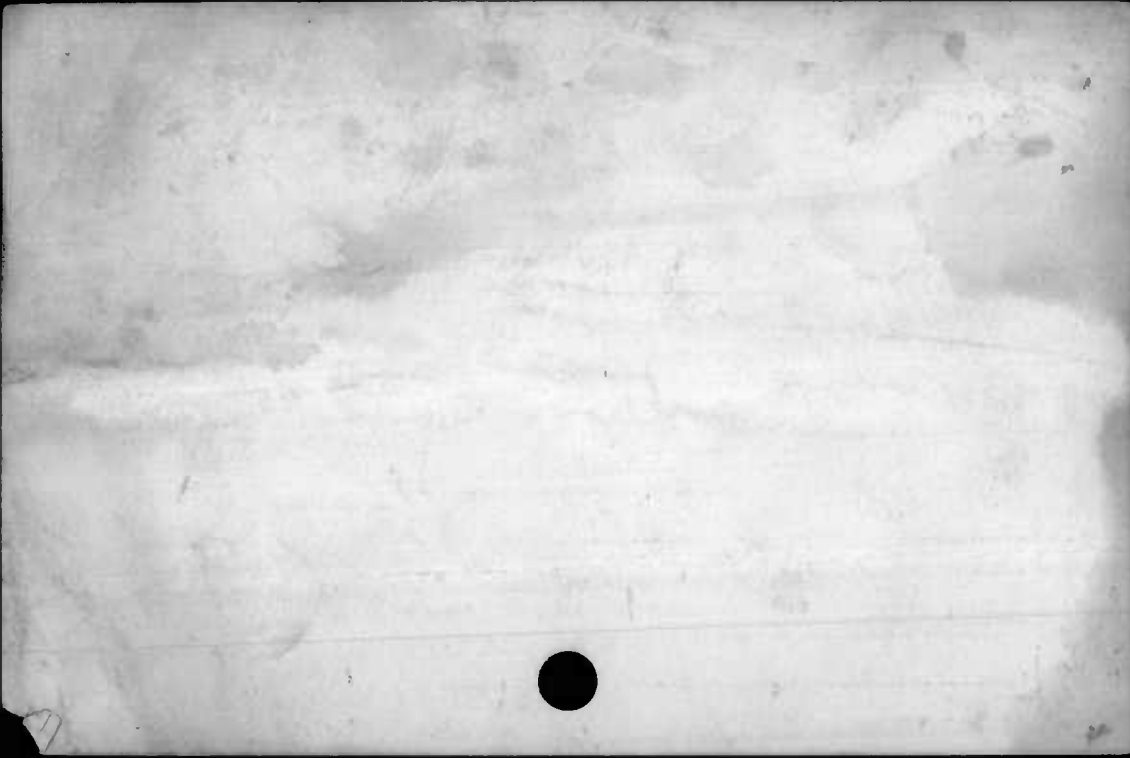
Died at <i>Hyattsville</i> <sup>Town</sup>		<i>Prince George</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i> <sup>Year</sup>	<i>March</i> <sup>Month</sup>	<i>6</i> <sup>Day</sup>	Age <i>47</i> <sup>Years</sup>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Clarence Wilson</i>				
Father's Name <i>Charles Palmer</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Margurite Logan</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Clarence Wilson</i>	How related to deceased <i>Husband</i>				

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary <i>Grip</i>	How long <i>12 days</i>
Immediate <i>Pneumonia</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>YES.</i>	Signature of Physician <i>Wm. H. Bateman M.D.</i>
	Address <i>Hyattsville Md</i>
Accident or Self <i>No</i>	

PHYSICIAN  
OR CORONER



PHYSICIAN  
OR CORONER

Emma Wood

# CERTIFICATE OF DEATH

## MARYLAND

Died at Springfield Town

County Prince George

Date of death 1905 Month April Day 27

Age <sup>Years</sup> 38

Months

Days

Sex *Female*

Color or Race

White

Birth-  
place

H. A. Co.

Occupation:

House Wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Carried

Name of Wife or Husband

Emma Wood

Father's  
Name

Remission of Lib. Bonds

Father's Birthplace

A. L. C.

Mother's  
Maiden Name

Bessie Tucker

Mother's Birthplace

And then

Name of person giving  
information

2142 Road

How related  
to deceased

4. Husband

### CAUSES OF DEATH

Bright's Disease

Primary

Bright orange (20)✓

How long

Immediate

Максим

How long

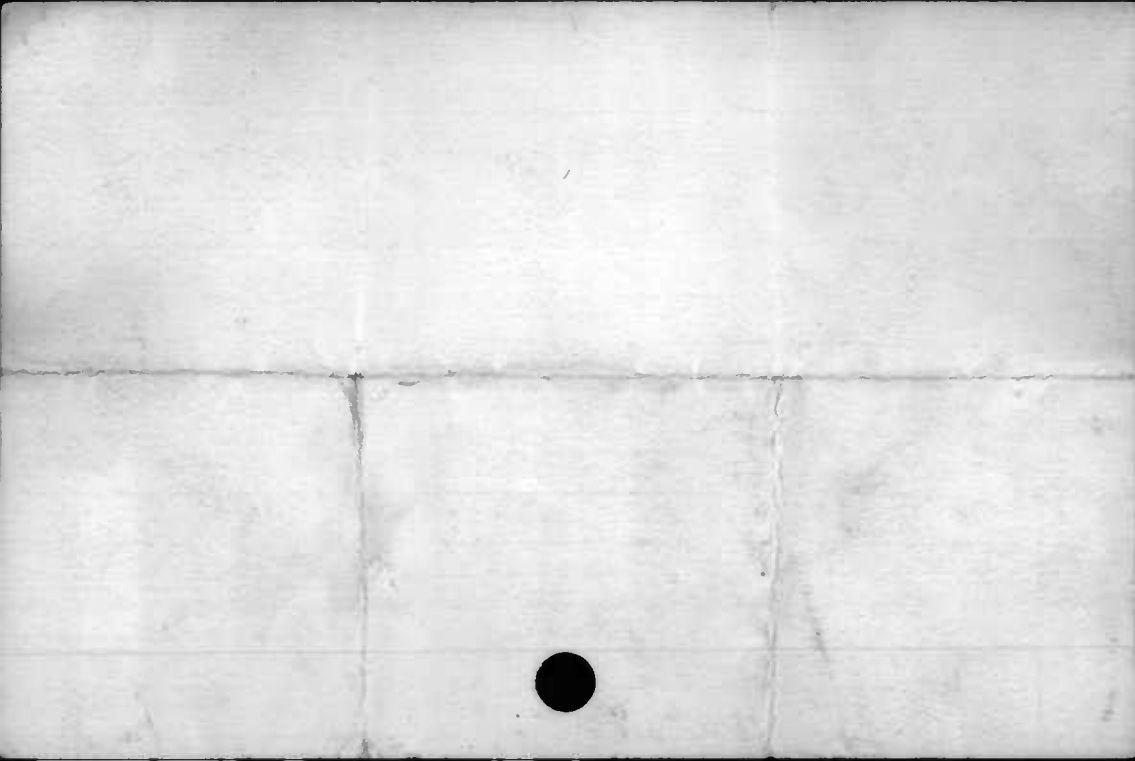
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Wall Clerk  
Springfield Mass

## Accident or Suicide?



Name  
in  
Full

Eliza A Younger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Nottingham

Or Geo County

Date of death 1905

Month

mch

Day

19

Age 80

Years

Months

4

Days

Sex Female

Color or  
Race

white

Birth-  
place

Calvert co.

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
HusbandFather's  
Name

Culpepper

Father's  
BirthplaceMother's  
Maiden Name

McKennie

Mother's  
BirthplaceName of person giving  
Information

W. H. Hunt

How related  
to deceased

Grandson

## CAUSES OF DEATH

Primary

Senile Debility

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

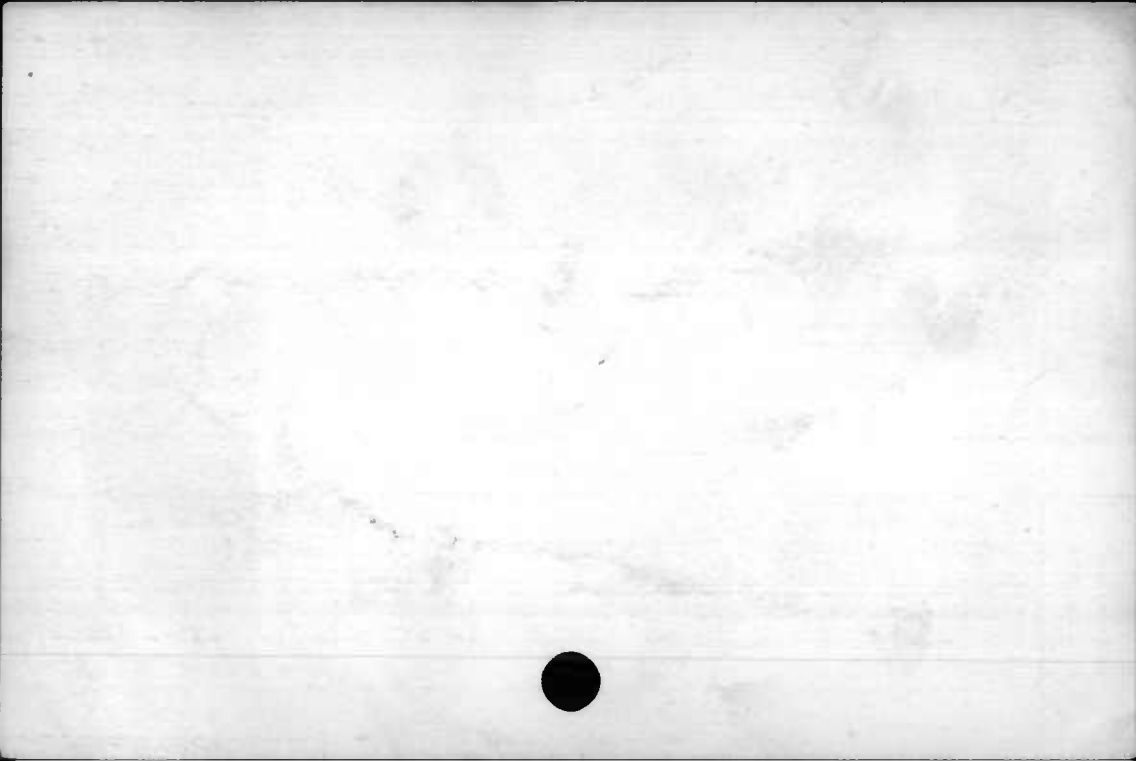
Address

W. H. Gibbons

Croom md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Unnamed child

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brightseat</u> <sup>Town</sup>		<u>Prince George</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u>	<u>July</u> <sup>Month</sup>	<u>30</u> <sup>Day</sup>	<u>—</u> <sup>Years</sup>	<u>8</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>not known</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>not known</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Mrs. Eugene Roberts</u>			How related to deceased <u>Not related</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Measles</u>	How long <u>10 days</u>
Immediate <u>Bronchial Pneumonia</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. A. R. Walker</u>
	Address <u>Stalls, Md</u>
Accident or Suicide? <u>—</u>	

